**Intern Assessment Form**

Student name: ...................................................................... Position: .................................................................

Organization: .............................................................. Evaluator name and position: ....................................................

|  |  |  |
| --- | --- | --- |
| Date (from – to) | Brief description of the work/works done by the student during the internship: | Completed/not completed |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Rate the student's work on a scale of 1 to 5 (1-worst, 5-best)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Evaluation Criteria** | 1. **month**
 | 1. **month**
 | 1. **month**
 | 1. **month**
 | 1. **month**
 |
| Qualification of the student's written work: |  |  |  |  |  |
| The student's oral communication skills: |   |   |   |   |  |
| The quantity of work done by the student: |   |   |   |   |  |
| The student's relationship with the senior colleagues: |   |   |   |   |  |
| - with direct colleagues: |   |   |   |   |  |
| - with clients: |   |   |   |   |  |
| The student's willingness to work: |   |   |   |   |  |
| The student's adaptability: |   |   |   |   |  |
| The student's initiative: |   |   |   |   |  |
| The student's independence: |   |   |   |   |  |
| The student's problem solving skills: |   |   |   |   |  |
| **Evaluator signatur:** |  |  |  |  |  |
| **Date** |  |  |  |  |  |
| **Company Stamp** |  |  |  |  |  |

**Attendance register form**

Student name: ...................................................................... Position: .................................................................

Organization: .............................................................. Evaluator name and position: ....................................................

Period:....... January, 2023......

Place of work (company headquarters):........................................................................................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date  | Arrival (hour) | Leave (hour) | Hours worked | Description of the work(e.g. - accounting, teaching) | Place of work(adress, city, country)  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 15. |  |  |  |  |  |
| 16. |  |  |  |  |  |
| 17. |  |  |  |  |  |
| 18. |  |  |  |  |  |
| 19. |  |  |  |  |  |
| 20. |  |  |  |  |  |
| 21. |  |  |  |  |  |
| 22. |  |  |  |  |  |
| 23. |  |  |  |  |  |
| 24. |  |  |  |  |  |
| 25. |  |  |  |  |  |
| 26. |  |  |  |  |  |
| 27. |  |  |  |  |  |
| 28. |  |  |  |  |  |
| 29. |  |  |  |  |  |
| 30. |  |  |  |  |  |
| 31. |  |  |  |  |  |
| Number of working hours: |  |  |

**Evaluator Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date and Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Stamp:**

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