**ACIBADEM MEHMET ALİ AYDINLAR UNIVERSITY**

**FACULTY OF ENGINEERING AND NATURAL SCIENCES**

**INTERNSHIP ASSESSMENT FORM**

***This section will be filled in by workplace authorities and will be delivered to the intern in a sealed and signed envelope.***

Intern Name /Surname:

Organization /Institution Name :

Organization /Institution Address:

Supervisor of Intern:

Supervisor e-mail:

Start Date of Internship:

End Date of Internship:

**1. Evaluation**

| **Criteria for Assessment** | **Very Good** | **Good** | **Average** | **Poor** |
| --- | --- | --- | --- | --- |
| Self confidence |  |  |  |  |
| Taking initiative |  |  |  |  |
| Ability to focus on assigned work |  |  |  |  |
| Creativity |  |  |  |  |
| Communication with superior |  |  |  |  |
| Communication with co-workers |  |  |  |  |
| Work Discipline |  |  |  |  |
| Taking on responsibility |  |  |  |  |
| Fulfilling assigned tasks |  |  |  |  |
| Compliance with working hours throughout internship |  |  |  |  |
| Acting in accordance with the mission and values ​​of the internship institution. |  |  |  |  |
| Maintaining ethical behavior throughout the internship |  |  |  |  |
| Improving laboratory technical skills |  |  |  |  |
| **Overall assessment** |  |  |  |  |

2. Please provide your criticisms and suggestions regarding the improvement of the intern student..

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3. Would you consider hiring this intern? Yes / No

4. Would you like to receive internship applications from our university next year? Yes / No

|  |  |  |
| --- | --- | --- |
| **Assessor Title, Name and Surname** | | |
|  | | |
| **Date** | **Sign** | **Cachet** |
|  |  |  |