ST JOSEPH COLLEGE OF COMMUNICATION

CHANGANASSERY

INTERNSHIP EVALUATION FORM (CONFIDENTIAL)

STUDENT NAME: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

_____

_____

TRAINING PERIOD – FROM_____TO_____

This evaluation form is strictly **CONFIDENTIAL**. Once you have completed the form you can choose any of the following options to return this for at your convenience

1. Please complete the form, seal it in the provided envelope, and return it to the student.

ASSESSMENT OF THE STUDENT

	Very Good	Good	Fair	Poor	Very Poor
Quality of Work (Accurate & Thorough)	○	○	○	○	○
Use of time (Efficient /Effective use of time to complete tasks)	○	○	○	○	○
Takes Initiative (Ability to work independently)	○	○	○	○	○
Technical Expertise	○	○	○	○	○

Interpersonal relations / Teamwork (Effectiveness in working with peers and supervisors)	◯	◯	◯	◯	◯
Adaptability (Ability to alter activities to accommodate change)	◯	◯	◯	◯	◯
Problem solving / Critical thinking skills	◯	◯	◯	◯	◯
Attendance & Punctuality	◯	◯	◯	◯	◯

What recommendations would you suggest for his/her improvement?

Comments if any

Name:

Designation: (SEAL) Signature