

FEEDBACK FORM

At the outset we thank you for the opportunity given to our students to inter with your organization / firm. We sincerely appreciate your decision to accommodate the internee for learning to fulfil the course mandate. It would be of immense value if you could evaluate the intern and complete the questionnaire for this purpose. We request you to treat this process as confidential and return the form in the sealed envelope with the seal of the organization. Your comments and evaluation will surely contribute to improving and strengthening this important area of learning.

SUPERVISOR INFORMATION								
NAME:				JOB TITLE:				
ORGANIZATION'S NAME:				PHONE NUMBER:				
EMAIL ADDRESS:								
INTERNSHIP INFORMATION								
STUDENT'S NAME:								
STARTING DATE (DD/MM/YYYY):			COMPLETION DATE (DD/MM/YYYY):			TOTAL DAYS -		
ABOUT THE INTERN								
1. Please evaluate this student intern on the following items by checking the appropriate rating.			Excellent	Very Good	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
	Arrived to work on-time							
	Behaved in a professional manner							
	Effectively performed assignments							
	Oral communication skills							
	Written communication skills							
	Research Skills							
	Ability to work with others							
	Ability to adapt to a variety of tasks							
	Decision-making, setting priorities							
	Reliability and dependability							
	Attention to accuracy and details							
	Willingness to ask for help and guidance							

	Quality of work						
	Demonstrated critical thinking and problem solving skills						
	Making and meeting deadlines						
	Seemed interested and in and enthusiastic about the internship experience						

2.	Suggestions to the intern, if any.				
3.	Suggestions to the institution, if any.				
6.	Overall, how do you rate your experience with <u>this intern</u>	Excellent	Good	Average	Poor
SUPERVISOR'S SIGNATURE			DATE-		
			PLACE -		