



SZABIST INTERNEE EVALUATION FORM

The organization's representative is required to fill out the following information and return the form back to the Institute.

Internee Name: _____

Internship Initiated at: _____ **Internship End Date:** _____

Internship Duration: _____

Department(s) Interned at: _____

Please grade the following on a scale of 1-10 (10 being the highest and 1 being the lowest):

Evaluation Criteria	Score
1. Punctuality	
2. Attitude towards work	
3. Sense of Responsibility	
4. Communication Skills	
5. Analytical Skills	
6. Confidence	
7. Knowledge/Information relevant to the field of work	

Other Comments, if any:

Evaluated by: _____

Designation: _____

Email: _____

Office Phone: _____

The information provided shall be treated as highly confidential and would be placed in the student record maintained by the administration department at SZABIST. This form should be stamped & signed from supervisor. Also attached his/her business card with it.