

STUDENT INTERNSHIP EVALUATION FORM

Date: _____

Internee information

Student Name: _____

Registration #: _____ Program: _____ Semester: _____ Section: _____

Telephone #: _____ Cell: _____

Email: _____

Organizational Information

Name of Organization: _____

Name of Supervisor (Designation): _____

HR Manager (Interviewer): _____

Office Address: _____

Office Tel: _____ Fax: _____

Email (optional): _____

Feedback

(Note: Encircle you choice of answer)

1. I interned at the stated organization for a period of
(a) 4 weeks (b) 6 weeks (c) 8 weeks (d) Other: _____

2. I found the organization's work environment
(a) Highly supportive towards my personal growth and learning
(b) Less supportive towards my growth and learning
(c) Moderate (d) Other: _____

3. Grade your internship experience on a scale of 1 to 10, where 1 is the lowest and 10 being the highest score. Circle your choice given below:
1 2 3 4 5 6 7 8 9 10

4. Were you assigned any independent projects to work on? (a) Y (b) N

4. Any other comments:

The information provided by the respondent shall be treated as confidential and will not be communicated to any other relevant party without the prior consent of the respondent