



Sharif College of Engineering & Technology

Internship Evaluation / Feedback Form

Date of Evaluation: _____ Duration of internship: _____

Student's Name: _____

Name of Organization: _____

Supervisor's Name: _____

Supervisor's Contact # / email: _____ / _____

Faculty internship coordinator: _____

Feedback of Internship Supervisor regarding strengths and weak areas

Rating key: 1 = unsatisfactory 2 = fair 3 = satisfactory 4 = very good 5 = excellent

	<i>Attributes and performance</i>	<i>Rating (circle)</i>	<i>Comment if any</i>
1	Oral communication	1 2 3 4 5	
2	Written communication	1 2 3 4 5	
3	Initiative	1 2 3 4 5	
4	Interaction with staff	1 2 3 4 5	
5	Attitude	1 2 3 4 5	
6	Dependability	1 2 3 4 5	
7	Ability to learn	1 2 3 4 5	
8	Project planning and organization	1 2 3 4 5	
9	Professionalism (problem solving + use of equipment)	1 2 3 4 5	
10	Creativity	1 2 3 4 5	
11	Quality of work	1 2 3 4 5	
12	Productivity	1 2 3 4 5	
13	Appearance	1 2 3 4 5	
14	Adoptability to organizational culture / policy	1 2 3 4 5	
15	Overall performance	1 2 3 4 5	

- Please attach job description of internship

Internship supervisor's
signature & stamp