



Student Internship Evaluation Form

The purpose of this evaluation form is to solicit your opinion about the performance of the student during his/her course of internship at your organization. We appreciate your honest and objective response.

- ☐ **Student's Name & Registration Number:**-----
- ☐ **Organization/Industry :**-----
- ☐ **Duration of Internship in Weeks & Working Days per Week:**-----

Please evaluate the student performance and conduct, during internship training by encircling the appropriate number on the scale of 0 to 10 (10 being outstanding).

1. Professional knowledge & skill.

0	1	2	3	4	5	6	7	8	9	10
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2. Ability of student to apply his/her knowledge.

0	1	2	3	4	5	6	7	8	9	10
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3. Analytical approach towards solving a problem.

0	1	2	3	4	5	6	7	8	9	10
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4. Capability to adapt to a new working environment.

0	1	2	3	4	5	6	7	8	9	10
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5. Initiative and drive.

0	1	2	3	4	5	6	7	8	9	10
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6. Ability to meet deadlines.

0	1	2	3	4	5	6	7	8	9	10
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7. Self-reliance in accomplishing the project.

0	1	2	3	4	5	6	7	8	9	10
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8. Ability to work in team.

0	1	2	3	4	5	6	7	8	9	10
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9. Punctuality and discipline.

0	1	2	3	4	5	6	7	8	9	10
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10. Interpersonal skills.

0	1	2	3	4	5	6	7	8	9	10
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Name of Project Assigned _____

Percentage of Project completed:

10-30%	30-50%	50-70%	70-90%	90-100%
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Remarks: _____

Designation: _____

Signature: _____