



INTERNEE 'EVALUATION FORM (Strictly Confidential)

Internee's Name: _____ VU Student's ID: _____

Course Code: _____

Organization's Name & Branch: _____

Supervisor's Name: _____ Designation: _____

Starting date of Internship: _____ Ending date of Internship: _____

Official timing of the student during the internship: _____ No. of Absents (If Any): _____

- Please evaluate the performance elements of the internee. Evaluate all factors indicated below by **ENCIRCLING** the appropriate number on the scale given below and by commenting where appropriate.
- Please do not disclose this information to the student and submit this evaluation form via email directly to the Virtual University of Pakistan at the course email address: iti619@vu.edu.pk.

Rating System

1= Unsatisfactory	2= Needs Improvement	3= Satisfactory	4= Excellent	5= Outstanding
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Professional Qualities:

Able to complete given assignments efficiently	1	2	3	4	5
Able to complete given assignments effectively	1	2	3	4	5
Able to work with others (as part of a team)	1	2	3	4	5
Ability to learn new techniques	1	2	3	4	5
Punctuality and attendance	1	2	3	4	5
Ability to approach work with a positive attitude	1	2	3	4	5
Ability to ask appropriate questions to seek clarification	1	2	3	4	5

Personal Qualities:

Reliability and dependability	1	2	3	4	5
Verbal communication skills	1	2	3	4	5
Written communication skills	1	2	3	4	5
Problem solving/critical thinking skills	1	2	3	4	5
Adaptability (ability to accommodate new change)	1	2	3	4	5
Assertiveness and self confidence	1	2	3	4	5
Attendance	1	2	3	4	5

Strengths of the internee: _____

Areas of improvement, (If any): _____

Details of Department(s) Attended by the Internee during the Internship Program:

Sr. #	Name of Departments	Duration	
		From (Dates)	To (Dates)

Keeping in view the internee’s overall performance during the internship program would you like to offer him/her a job in your organization if a position becomes available?

Yes
 No

If Yes, why: _____

If No, why: _____

Supervisor’s Signature: _____

Official Seal/Stamp

Date: _____

Contact No(s): _____

E-mail Address: _____