



INTERNEE'S 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): _____

1. 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.
2. Please do not disclose this information to the student and submit this evaluation form directly to the Virtual University of Pakistan at the address: Instructor MISI619, Department of Management Sciences, Virtual University of Pakistan, Defense Road off Raiwind Road, Lahore.

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: _____
 Date: _____
 Contact No(s): _____
 E-mail Address: _____

Official Seal/Stamp