

**APP-4. Institution/Organization Student Internship Evaluation Form**

T.C. ESKİŞEHİR TEKNİK ÜNİVERSİTESİ  
MİMARLIK VE TASARIM FAKÜLTESİ  
KURUM/KURULUŞ STAJ DEĞERLENDİRME FORMU

Photo

**STUDENT INFORMATION**

Name-Surname : ..... Phone Number : .....  
ID Number : ..... Internship Start Date : ...../...../.....  
Programme : ..... Internship End Date : ...../...../.....  
Permanent Address : .....

INTERN EVALUATION FORM							
No	Evaluation Criteria	Explanation	Very good (5)	Good (4)	Satisfactory (3)	Poor (2)	Very Poor (1)
1	Field Knowledge	Displaying a strong sense of the mission and responsibility of the related area, with the full command of the theoretical and practical knowledge it requires					
2	Professional skill	Ability of applying knowledge related to profession					
3	Communication Skills	Accurate comprehension of the written and/or oral instructions, accurate verbal and/or written expression of ideas, accurate and punctual delivery of information					
4	Inclined to team work	Providing assistance to co-workers, adapting to team's speed, contributing to teamwork					
5	Self-Development	Having an open mind, ability to see the shortcomings and eliminate them, being prepared for further steps, making effort to increase knowledge and skill					
6	Representational Skills	Appearing professional and being polite, earning the trust of others, performing exemplary workplace actions					
7	Devotion to Work	Being aware of the duties and responsibilities, ability to conclude assigned tasks					
8	Time Management	Determining priorities, fulfilling the determined work plan by taking the time factor into account					
9	Discipline	Ability to adapt to working hours, making effort to finish the given task before deadlines					
10	Attendance at work	Maintaining workplace attendance except extraordinary circumstances					
<b>Overall Evaluation Score (AVERAGE)*</b>							

**\*If the general evaluation score is above or equal to 3, the intern is accepted as successful.**

<b>PLEASE FILL IN THE FOLLOWING FIELDS IN DETAIL</b>	
1	Intern's strengths
2	Intern's weaknesses
3	General opinions about the quality of intern's education provided by vocational school?
4	Would you consider to employ this intern after his/her graduation?
5	If any, additional suggestions: .....
<b>Thank you for your time and effort.</b>	

**This part will be filled by authorized staff of the establishment.**

**INSTITUTIONAL/ORGANIZATIONAL INFORMATION**

Name : .....  
Address : .....  
Telephone/Fax : ..... / .....

**INSTITUTIONAL/ORGANIZATIONAL AUTHORITY**

Name-Surname : .....  
Title : .....