



INTERNSHIP EVALUATION QUESTIONNAIRE

DATA OF THE COMPANY /INSTITUTION

NAME OF THE COMPANY/INSITUTION:

TUTOR (NAME AND POSITION):

DATA OF THE STUDENT/INTERNSHIP

NAME:

PERIOD OF INTERNSHIP (hours).....

EVALUATION OF THE STUDENT/INTERNSHIP

For every ítem, please score in the box (1=poor; 10= excellent) the option that most closely represents the performance of the student in the internship.

	SCORE
Technical skills	
Learning capability	
Task management	
Communication skills (oral and/or written)	
Sense of responsibility	
Adaptation skills/flexibility	
Creativity	
Personal involvement/active participation	
Motivation	
Capacity to accept critics and suggestions	
Punctuality	
Relationship with the working environment	
Teamwork skills	
Other (please specify):	

Overall assessment	
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Positive aspects of the internship/student:

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Detected weaknesses of the student during the internship:

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Signature:

Date: