

**Ahlia University
Deanship of Student Affairs
Final Internship Evaluation Form**(To be completed by the site Supervisor)

**Student data:**

Student Name: Student ID:

Major/Degree:

Student Signature: Date:

 **Part 1**

Please complete this form in completion of the internship period. You are recommended to discuss the completed form with the intern in order to help him/her in their professional development.

**Please use the scale below to evaluate the intern's performance.**

1 = Limited, needs improvement and training

2 = Satisfactory, performs less than expected

3 = Acceptable, meets expectations

4 = Above average, exceeds expectation

5 = High, exceptional level

 **Personal Qualities**

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| --- | --- | --- |
| 1 2 3 4 5 | Reports to work punctually and observes the working hours. | Attendance/Punctuality |
| 1 2 3 4 5 | Self-expression, willingness to listen and understand others.  | Communication |
| 1 2 3 4 5 | Sets priorities and produces high quality work with a sense of reliability and responsibility. | Self-Motivated |
| 1 2 3 4 5 | Accepts and tries to benefit from remarks made about personal performance. | Acceptance of Criticism |
| 1 2 3 4 5 | Respects and follows rules and regulations set by the organization.  | Ethics |

 **Professional Abilities**

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| --- | --- | --- |
| 1 2 3 4 5 | Takes initiative to get a job done if not told to do so. | Initiative Making |
| 1 2 3 4 5 | Contributes information to the group and respects others’ contributions. | Teamwork |
| 1 2 3 4 5 | Has the computer skills required to perform the job effectively. | Computer Skills |
| 1 2 3 4 5 | Understands problems and consider various solutions. | Problem Solving |
| 1 2 3 4 5 | Uses time effectively to get the job done. | Time- Management |

 **Part 2**
Please answer the following question to give the student as well as the faculty an insight into the areas that may need more attention.

1) What are the major strengths and weaknesses of the intern?

2) What recommendations do you have to prepare this student for the workplace? (Courses, Training, activities, programs)

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| **Site Supervisor Data:** Full Name: Position: Name of Organization: Contact No: Email:Signature: Date: \***Stamp** |