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+92-42-99230825

Date: _____

Ref. No.: _____

Internship Evaluation Form

Organization

Title: _____
 Address: _____

 City: _____
 Phone: _____ Website: _____

On Site Supervisor

Name: _____ Designation: _____
 eMail: _____ Cell No.: _____

Intern

Name: _____ Roll No.: _____
 Joining Date: _____ Duration: _____
 Type: Paid Unpaid Stipend (if Paid): _____

Competence & Skills	80%+	70%+	60%+	50%	<50%
Quality of The Work Results	5	4	3	2	1
Applied Methods	5	4	3	2	1
Professional Skills	5	4	3	2	1
Regularity & Punctuality	5	4	3	2	1
Information Management Skills	5	4	3	2	1
Planning and Organisation	5	4	3	2	1
Working Independently	5	4	3	2	1
Taking the Initiative	5	4	3	2	1
Teamwork	5	4	3	2	1
Discipline and Commitment	5	4	3	2	1
Creativity and Resourcefulness	5	4	3	2	1
Interpersonal Skills	5	4	3	2	1
Requesting Feedback	5	4	3	2	1
Responding to Feedback	5	4	3	2	1
Problem Solving Skills	5	4	3	2	1
Adaptability to New Situations	5	4	3	2	1
Stress Management	5	4	3	2	1
Oral Language Skills	5	4	3	2	1
Written Language Skills	5	4	3	2	1
Computer Skills	5	4	3	2	1

Final Evaluation

Correct Description of Organization/Department Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Correct Description of Assigned Work with Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you recommend the Intern for Job at your organization	<input type="checkbox"/> Yes	<input type="checkbox"/> No

 Name & Designation of on-Site Supervisor