

Self-evaluation Form for Intern

Intern name: _____ University No.: _____
 (Full name in BLOCK LETTERS)

Curriculum: _____ Year: _____

HKU Email address:: _____ Contact number: _____

Type of internship: ☐ GCI ☐ SI2 Summer ☐ SI2 Term Time

Title of Project: _____

Community Partner: _____

Name of Supervisor: _____

Part A: General Evaluation

(Please tick where appropriate.)

| Statement | Strongly Agree | Agree | Neutral | Disagree | Strongly disagree | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The internship enhances my understanding of: | | | | | | |
| (i) academic knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) integration of academic knowledge and practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The internship provides training / opportunities for application of: | | | | | | |
| (i) analytical skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) multi-disciplinary knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) critical thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) practical / research skills to the work situation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The internship agency can facilitate my smooth adjustment to the work setting and my understanding of organization culture through: | | | | | | |
| (i) effective supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) adequate support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) critical thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) extensive exposure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I can cooperate well with the student partner(s) / workplace colleagues in: | | | | | | |
| (i) exchanging ideas and experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) resolving differences and reaching compromises | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) achieving mutual enhancement of whole-person development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) accomplishing tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Overall speaking, this internship is a fruitful one: | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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Part B: Comments and Suggestions

1. Most valuable feature(s) of the Internship:

2. Difficulties encountered during the Internship:

3. Support from the Academic Tutor / Community Partner Supervisor during the Internship:



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4. Suitability of the Project / Community Partner to the Internship (Only applicable in the Final Evaluation):

5. Any other comments:

Signature of Student: _____ Date: _____

Please return the completed form to the corresponding Academic Tutor.