**Internship Evaluation Form for Student**

**Student Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **University/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Internship Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Self-Assessment  
Rate your own experience in the following areas:**

| **Criteria** | **Excellent ☐** | **Good ☐** | **Average ☐** | **Needs Improvement  ☐** |
| --- | --- | --- | --- | --- |
| **Knowledge Gained** |  |  |  |  |
| **Skill Development** |  |  |  |  |
| **Confidence in Applying Concepts** |  |  |  |  |
| **Interaction with Team Members** |  |  |  |  |
| **Ability to Meet Deadlines** |  |  |  |  |
| **Adaptability in New Environments** |  |  |  |  |
| **Communication with Supervisor** |  |  |  |  |

**Feedback**

* **What were the most valuable skills you learned?**
* **Challenges faced during the internship:**
* **Would you recommend this internship to other students? ☐ Yes ☐ No**
* **Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**