

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 <input type="checkbox"/> | Good <input type="checkbox"/> | Average <input type="checkbox"/> | Needs Improvement <input type="checkbox"/> |
|-------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|--|
| 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: _____