

# Project Internship Review Form

Intern Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Internship Duration: From \_\_\_\_\_ To \_\_\_\_\_

Department: \_\_\_\_\_

Project Supervisor: \_\_\_\_\_

## Evaluation Table:

Project Aspects	Excellent	Good	Needs Improvement	Not Applicable
Understanding of Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to Outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Key Achievements of the Intern:

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**Supervisor Comments on the Project Work:**

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**Final Recommendation:**

- Highly Recommend**
- Recommend**
- Do Not Recommend**

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_