

## Curricular Internship Evaluation Survey Supervisor's Evaluation

### 1. Identification of the Intern

Name \_\_\_\_\_ Student No. \_\_\_\_\_

Internship carried out from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

### 2. Identification of the Receiving Institution

Receiving Institution: \_\_\_\_\_

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

Field of Internship: \_\_\_\_\_

### 3. Intern evaluation (score from 1 to 20)

| Evaluate                              | Parameters   | Score |
|---------------------------------------|--|-------|
| Personality /<br>Professional profile | Attendance and Punctuality                           |       |
|                                       | Sense of responsibility                              |       |
|                                       | Integration and human relationships                  |       |
|                                       | Interest / Motivation                                |       |
|                                       | Creativity/ Initiative                               |       |
|                                       | Responsiveness to critical guidelines                |       |
| Application of<br>knowledge           | Level of knowledge                                   |       |
|                                       | Critical thinking in problem analysis and resolution |       |
|                                       | Application of techniques and knowledge              |       |
|                                       | Understanding and speed in the performance of tasks  |       |
|                                       | Quality and progress of work                         |       |
|                                       | Autonomy   |       |
|                                       | Ease of communication (written and spoken)           |       |
| Overall assessment                    |  |       |
| <b>Average</b>                        |  |       |

### 4. Remarks

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_, The Supervisor \_\_\_\_\_

#### To be completed by the Advisor

Verified.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_