

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 / Professional profile	Attendance and Punctuality	
	Sense of responsibility	
	Integration and human relationships	
	Interest / Motivation	
	Creativity/ Initiative	
	Responsiveness to critical guidelines	
Application of 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		
Average		

4. Remarks

Date: ___/___/____, The Supervisor _____

To be completed by the Advisor
Verified.
Date: ___/___/____ Signature: _____

