



## INTERNEE'S EVALUATION FORM (Strictly Confidential)

Internee's Name: \_\_\_\_\_ VU Student's ID: \_\_\_\_\_

Course Code: \_\_\_\_\_

Organization's Name & Branch: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Starting date of Internship: \_\_\_\_\_ Ending date of Internship: \_\_\_\_\_

Official timing of the student during the internship: \_\_\_\_\_ No. of Absents (If Any): \_\_\_\_\_

1. Please evaluate the performance elements of the internee. Evaluate all factors indicated below by **ENCIRCLING** the appropriate number on the scale given below and by commenting where appropriate.
2. Please do not disclose this information to the student and submit this evaluation form directly to the Virtual University of Pakistan at the address: Instructor ACFI619 Department of Management Sciences, Virtual University of Pakistan, Defense Road off Raiwind Road, Lahore.

### Rating System

1= Unsatisfactory	2= Needs Improvement	3= Satisfactory	4= Excellent	5= Outstanding
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### Professional Qualities:

Able to complete given assignments efficiently	1	2	3	4	5
Able to complete given assignments effectively	1	2	3	4	5
Able to work with others (as part of a team)	1	2	3	4	5
Ability to learn new techniques	1	2	3	4	5
Punctuality and attendance	1	2	3	4	5
Ability to approach work with a positive attitude	1	2	3	4	5
Ability to ask appropriate questions to seek clarification	1	2	3	4	5

### Personal Qualities:

Reliability and dependability	1	2	3	4	5
Verbal communication skills	1	2	3	4	5
Written communication skills	1	2	3	4	5
Problem solving/critical thinking skills	1	2	3	4	5
Adaptability (ability to accommodate new change)	1	2	3	4	5
Assertiveness and self confidence	1	2	3	4	5
Attendance	1	2	3	4	5

Strengths of the internee: \_\_\_\_\_

\_\_\_\_\_

Areas of improvement, (If any): \_\_\_\_\_

\_\_\_\_\_

**Details of Department(s) Attended by the Internee during the Internship Program:**

Sr. #	Name of Departments	Duration	
		From (Dates)	To (Dates)

Keeping in view the internee’s overall performance during the internship program would you like to offer him/her a job in your organization if a position becomes available?

Yes     No

If Yes, why: \_\_\_\_\_

\_\_\_\_\_

If No, why: \_\_\_\_\_

\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_

**Official Seal/Stamp**

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

Contact No(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_