

EVALUATION FORM FOR MENTORS / SUPERVISORS

Work schedule: full-time	Year:
Program:	
	End date:

<u>Emp</u>	loyer:	

<u></u>	
Company name:	
Seat (address):	
Phone:	E-mail address:

Please evaluate the student's accomplishments and work during the internship period (*please circle as appropriate*).

	Did not meet the requireme nts	Met the requirements	Outstandi ng
The intern was precise and professional in achieving the tasks set for him/her.	1	2	3
The intern has a problem-sensitive and proactive attitude.	1	2	3
In the case of projects requiring team- work, the intern was constructive, cooperative and proactive.	1	2	3
The intern was receptive to new information, new professional knowledge and methodologies	1	2	3
The intern was open to and flexible as regards new tasks requiring cooperation with fellow workers and in accepting responsibility.	1	2	3
The intern strove to develop his/her knowledge, contacts within the company and cooperation with fellow workers.	1	2	3
The intern strove to adhere to the legal and company regulations and ethical norms fully even in unexpected decision making situations.	1	2	3
The intern was receptive to others' ideas and opinions	1	2	3



The intern achieved the required tasks independently, but under general professional supervision.	1	2	3
The intern took responsibility for his analyses, deductions and decisions.	1	2	3

Comments and suggestions regarding the intern:

Based on the above the grade given for the student's internship is (*please indicate your choice with an X*)

□ Excellent = 5	\Box Good = 4 \Box Satisfactory = 3	□ Pass = 2	□ Fail = 1
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Date:

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Professional supervisor's signature

Company seal