



Intern Evaluation Form- Form II

Evaluators

Organization:

Supervisor/ Advisor:

Position:

Telephone No.:

Student evaluated

Name, Surname:

Your evaluation regarding the general performance and abilities of our student completing his/her internship at your organization is of great importance. It is for this reason that we ask you to evaluate the knowledge and abilities as well as the attitude and conduct of our student according to the points stated below, based on the observations you made throughout the internship period.

DIMENSIONS OF EVALUATION	VERY GOOD	GOOD	AVERAGE	INSUFFICIENT	VERY INSUFFICIENT	NOT APPLICABLE (*)
Knowledge of psychology						
Motivation						
Ability to apply knowledge						
Use of initiative						
Quality of work						
Appropriate organizational conduct						
Responsibility						
Compatibility in interpersonal relations						

* use this category for students in which practice was not made applicable



II. What abilities do you think the student gained/ developed at your organization?

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III. What else do you think this student could do to develop him/ her?

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IV. Make a general evaluation of the students' performance at your organization:

_____ successful

_____ unsuccessful