

Internee organization's Evaluation (20 Marks)

Name of the candidate:-

Name of college:-

Internship commencement date:-

Internship Completion date:-

Organization and organization supervisor's information

Name of the Organization:-

Mailing Address:-

Name of the organization supervisor:-

Position / Organization Title:-

Internee Evaluation

In evaluation, please chose only one option for each characteristic listed below of Interneen on the basis of his/her time spent during internship at your organization **(out of 20 marks)**.

Characteristics	Very Good (100%)	Good (80%)	Average (60%)	Poor (50%)	Very Poor (40%)	Total
Punctuality (2.5):						
Management Skills (2.5)						
Analytical Skills (2.5)						
Communication Skills 2.5)						
Interpersonal Skills (2.5)						
Sincerity (2.5)						
Confidentiality (2.5)						
Cooperativeness(2.5)						
Grand Total (20)						



Stamp of office

Name:

Authorized Signature:.....