

Intern Evaluation Form

Format No. : _____
Rev. No. : _____
Rev. Date. : _____

Document No. : _____
Date : _____

Supervisor Name: _____ I.D: _____ Department: _____

Internship Program

Criteria	Need Improvement	Good	Excellent
Attitude			
Quality Works			
Work Efficiency			
Punctuality			
Smartness / presentation			
Team work / Co-operation			
Communication			
Leadership abilities			

Major Strength
.....
.....

Area of Improvement
.....
.....

Evaluated by: _____ Designation _____ Sign. _____