



EMPLOYER/SUPERVISOR INTERNSHIP EVALUATION FORM

This form is to be completed and signed after the conclusion of the internship. Please feel free to attach an additional page if insufficient space is provided for your responses to any of the following items.

GENERAL INFORMATION	
Student's Name and Surname	Employer's Name and Surname
Company / Institution	
Employer's Phone Number	Employer's E-mail
Internship Period (start/end date)	Total Number of Working Days

EVALUATION OF STUDENT INTERN

Please evaluate the student on the following qualities/competencies with respect to the achievement of objectives

(Scale: 1-poor; 2-fair; 3-average; 4-good; 5-excellent)

Interpersonal relations	<i>Not well accepted</i>	1	2	3	4	5	<i>Highly cooperative</i>
Punctuality in completing assignments	<i>Slow</i>	1	2	3	4	5	<i>Very timely</i>
Dependability	<i>Careless</i>	1	2	3	4	5	<i>Highly reliable</i>
Learning ability	<i>Slow</i>	1	2	3	4	5	<i>Rapid</i>
Quality of work	<i>Poor</i>	1	2	3	4	5	<i>Excellent</i>
University prepared student for this experience	<i>Poor</i>	1	2	3	4	5	<i>Excellent</i>
Overall performance	<i>Poor</i>	1	2	3	4	5	<i>Excellent</i>



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GENERAL QUESTIONS REGARDING STUDENT'S PERFORMANCE

Briefly describe the student's strong and/or weak work habits:

Would you recommend the student to pursue a career related to this experience?

YES

NO

Would you supervise this intern again?

YES

NO

Would you recommend this student to other organizations?

YES

NO

Has this evaluation been discussed with the student?

YES

NO

If any, please provide your comments and suggestions regarding the internship program and / or intern(s) in general.

Signature:

Stamp (If applicable):

Date:

IMPORTANT: After completing this form, please return it to the student in a sealed envelope. Please sign and/or stamp the seal on the envelope.