

UNIVERSITY OF FENERBAHCE
VOCATIONAL SCHOOL OF HEALTH SERVICES
ANNEX-6
WORKPLACE INSTRUCTOR
INTERNSHIP EVALUATION FORM

Dear Authorized,

Please fill out and approve this form for the evaluation of the internship practices of our student who has completed the compulsory internship practice in your institution. Your opinions will be the basis for the evaluation to be made by us. Please ensure that the form is not seen by the student and send it to the School Directorate in a sealed envelope with a signature.

Student's Name and Surname	
Department/Program/Class	
Name and Title of Business / Institution	
Branch and Department	
Internship Start and End Dates	
Number of Days of Internship	

EVALUATION CRITERIA	SCORE *
Business Knowledge and Skills	
Ability to Use Tools/Materials	
Ability to Understand and Implement Work	
Quality of Work	
Accomplishing the assigned task on time	
Problem Solving Skills	
Taking Responsibility	
Desire for Self-Improvement	
Communicating	
Teamwork	
OVERALL TOTAL SCORE	

**Rate each item on a 10-point scale (1 - worst, 10 - best).*

Student Strengths	
Student Weaknesses	
Other comment	
WORKPLACE INTERNSHIP SUPERVISOR	
Name Surname - Position / Title	Signature - Stamp - Date