UNIVERSITY OF FENERBAHCE VOCATIONAL SCHOOL OF HEALTH SERVICES ANNEX-7 INTERNSHIP COMMISSION INTERNSHIP EVALUATION FORM

| 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 | |
|--|-------|--|
| Submitting the Internship Notebook on Time (5 points) | | |
| Work Suitable for Internship Content (5 points) | | |
| Compliance with Internship Principles (5 points) | | |
| Layout of the Internship Notebook (5 points) | | |
| Supporting the Internship Notebook with Visual Content (5 points) | | |
| Cooperation during the Internship (5 points) | | |
| Impressions at Controls (5 points) | | |
| To be able to compare the theoretical knowledge in the internship report with the gains obtained in the internship (5 points) | | |
| Using Objective and Academic Expression in the Internship Report (5 points) | | |
| Presentation of Internship Reports (5 points) | | |
| Verbal Assessment (50 points) | | |
| OVERALL TOTAL SCORE | | |

| Student Strengths | | | | |
|---------------------------------|--|--------------------------|--|--|
| Student Weaknesses | | | | |
| Other Comment | | | | |
| INTERNSHIP COURSE INSTRUCTOR | | | | |
| Name Surname - Position / Title | | Signature - Stamp - Date | | |
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