Assessment by Internship Supervisor

As Internship Supervisor, I, the undersigned, (Complete in capital letters, please)

[Internship Supervisor’s Last Name, First Name]
[Agency Name]

Assess the student,

[Last Name]
[First Name]

Assessment Criteria (Please tick the box of the appropriate opinion) | Excellent | Good | Pass | Poor
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Professional knowledge :
⇒ Technical Abilities
⇒ Theoretical Abilities

Skills :
⇒ Quality assurance and task completion: execute an assignment completely and properly, understanding quality
⇒ Self-management and act independently
⇒ Analysis and synthesis abilities
⇒ Ability to take initiative and responsibility

Attitudes :
⇒ Commitment and punctuality
⇒ Social behaviour, working in a group (attitude towards co-workers)

How would you assess the potential of this trainee for integrating into the labour market?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Would you recruit this student on a vacant position in your organization?  (Yes / No)

Internship Supervisor’s Signature and Company Stamp

Student’s Signature

Dated

(If the trainee’s signature is not included, please explain why)

Sincerely with our best thanks for your collaboration