|  |  |
| --- | --- |
| **Intern’s Name and Surname:** |  |
| **Institution/Company of Internship:** |   |
| **Department(s) of Internship:** |  |
| **Supervisor’s Name and Surname:** |  |
| **Internship Supervisor’s Contact Information:** | ***E-mail:*** ***Phone:******Signature Seal*** |
|  |
| This evaluation form is prepared to receive your feedback and comments on our intern/student. Your feedback will help us identify areas for improvement in our student’s technical and personal proficiencies. The evaluation form consists of three sections: **Vocational Skills and Competencies**, **Work Attitudes** and **Personal Skills and Competencies**. We request that you fully answer all questions in each section. Please mark the ‘not applicable’ option for any question not corresponding to the intern’s circumstances. We thank you in advance for allocating your time and providing sincere responses to this evaluation that we value highly and take into account for grading. Please rate your agreement to the assertions as: 1 = Very weak, 2 = Weak, 3 = Fair, 4 = Strong, 5 = Very strong. |

 **Faculty of Applied Sciences**

**INTERN EVALUATION FORM CLO 6 – PLO 1.5**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **VOCATIONAL SKILLS and COMPETENCIES** | 1 | 2 | 3 | 4 | 5 | Not applicable |
| 1) Use of vocational equipment |  |  |  |  |  |  |
| 2) Use of vocational computer software |  |  |  |  |  |  |
| 3) Knowledge of English for vocational purposes  |  |  |  |  |  |  |
| 4) Successful completion of work according to the job description |  |  |  |  |  |  |
| 5) Application of theoretical knowledge into practice |  |  |  |  |  |  |
| 6) Knowledge and competency about diverse work areas |  |  |  |  |  |  |
| 7) Ability to diagnose vocational problems |  |  |  |  |  |  |
| 8) Analysis of vocational problems  |  |  |  |  |  |  |
| 9) Problem-solving skills |  |  |  |  |  |  |
| 10) Professional development through the internship period  |  |  |  |  |  |  |
| 11) The intern’s employability potential at your establishment upon graduation |  |  |  |  |  |  |
| **Vocational Skills and Competencies** – Vocational skills and competencies that you feel the intern/student should improve: |
| Please specify:  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WORK ATTITUDE** | 1 | 2 | 3 | 4 | 5 | Not applicable |
| 1) Dependability |  |  |  |  |  |  |
| 2) Desire to learn  |  |  |  |  |  |  |
| 3) Concern for work |  |  |  |  |  |  |
| 4) Diligence |  |  |  |  |  |  |
| 5) Punctuality  |  |  |  |  |  |  |
| 6) Desire to take initiative  |  |  |  |  |  |  |
| 7) Communication with guests/customers |  |  |  |  |  |  |
| 8) Communication with colleagues |  |  |  |  |  |  |
| 9) Courtesy and respect in his/her behavior towards  superiors and colleagues |  |  |  |  |  |  |
| 10) Undertaking tasks on time |  |  |  |  |  |  |
| 11) Adherence to establishment and work procedures |  |  |  |  |  |  |
| 12) The suitability of intern’s attitude for employability at your establishment upon graduation  |  |  |  |  |  |  |
|  **Work Attitude** – Work attitude that you feel the intern/student should improve: |
| Please specify:  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL SKILLS and COMPETENCIES** | 1 | 2 | 3 | 4 | 5 | Not applicable |
| 1. Self-organization and time management
 |  |  |  |  |  |  |
| 1. Independent decision-making
 |  |  |  |  |  |  |
| 1. Assertion of own ideas and suggestions
 |  |  |  |  |  |  |
| 1. Verbal communication
 |  |  |  |  |  |  |
| 5) Written communication |  |  |  |  |  |  |
| 6) Self-confidence |  |  |  |  |  |  |
| 7) Self-improvement pursuant to learning  outcomes at work |  |  |  |  |  |  |
| 8) Participation in teamwork |  |  |  |  |  |  |
| 9) Creative thinking |  |  |  |  |  |  |
| 10) Critical thinking |  |  |  |  |  |  |
| 11) The suitability of intern’s personal skills and competencies for employability at your establishment upon graduation |  |  |  |  |  |  |
| **Personal Skills and Competencies** – Personal Skills and Competencies you feel the intern/student should improve : |
| Please specify: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INTERNATIONAL ACCREDITATION** **Please grade the student’s performance to achieve the Hotel Management Program learning outcomes stated below**  | 1 | 2 | 3 | 4 | 5 | Not applicable |
| PLO 1: Identify and apply the knowledge and skills necessary for hospitality and tourism operations |  |  |  |  |  |  |
| PLO 2: Develop and integrate a core set of business skills necessary to successfully operate a hospitality and tourism organization |  |  |  |  |  |  |
| PLO 3: Demonstrate competence in the communication skills necessary for hospitality and tourism management |  |  |  |  |  |  |
| PLO 4: Formulate business decisions in hospitality and tourism management |  |  |  |  |  |  |
| PLO 5: Evaluate leadership principles necessary in the diverse and global hospitality and tourism industry |  |  |  |  |  |  |
| PLO 6: Evaluate the role of fine arts, creativity and design in hospitality facilities and operations |  |  |  |  |  |  |
| PLO 7: Integrate sustainability business principles in the hospitality industry developments and operations |  |  |  |  |  |  |
| PLO 8: Develop an innovation-oriented entrepreneurial spirit focused on the hospitality industry  |  |  |  |  |  |  |

**We kindly request that you to send this duly filled-out form in a sealed envelope**

**one week prior to the completion of the internship.**

**We thank you for having shared our intern’s evaluation, which is vital**

**for strengthening our education philosophy at Faculty of Applied Sciences, Özyeğin University.**

**ÖZYEĞİN UNIVERSITY**

**FACULTY of APPLIED SCIENCES**

**THE UNDERGRADUATE HOTEL MANAGEMENT PROGRAM**

**THE UNDERGRADUATE GASTRONOMY and CULINARY ARTS PROGRAM**

**Nişantepe Mahallesi, Orman Sokak, No:34-36, Alemdağ, Çekmeköy 34794 İstanbul, Türkiye**

**Phone: 0216 564 92 46**