|  |  |  |
| --- | --- | --- |
| **Intern’s Name-Surname :** | |  |
| **Department Interned:** | |  |
| **Supervisor’s Name –Surname:** | |  |
| **Supervisor’s Contact Details:** | | *e-mail:* ...................................................................................  *telephone:* .................................................................................... |
| **Start & End Dates of Internship :** | | ........ /...... /...... ....... /...... /......  *dd /mm / yy*  *dd /mm / yy* |
|  | | |
| The purpose of this form is to understand your thoughts about the intern. Your feedback will help us identify the student intern’s developmental needs for his/her personal and technical shortcomings and improve our applied education program. The form has three sections: ***Professional Competence***, ***Business Manners***, and **Personal Competence & Skills**. We cordially request you to answer all of the questions in each section. If you believe that options in a particular question do not match with the intern, please mark the “not applicable” option. Thank you for your cooperation and for your honest responses. | | |

**MANDATORY INTERNSHIP EVALUATION FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROFESSIONAL COMPETENCE** | Very Weak | Weak | Satisfactory | Strong | Very Strong | Not Applicable |
| 1) Ability to use office equipment |  |  |  |  |  |  |
| 2) Ability to use and apply professional tools and/or computer programs |  |  |  |  |  |  |
| 3) Verbal/Written English Proficiency |  |  |  |  |  |  |
| 4) Ability to accomplish assigned tasks |  |  |  |  |  |  |
| 5) Ability to apply his/her theoretical knowledge to business practices |  |  |  |  |  |  |
| 6) Knowledge & competence in different fields of business |  |  |  |  |  |  |
| 7) Ability to identify and define business problems |  |  |  |  |  |  |
| 8) Ability to analyze business problems |  |  |  |  |  |  |
| 9) Ability to solve business problems |  |  |  |  |  |  |
| 10) Professional development achieved during internship |  |  |  |  |  |  |
| 11) The level of professional qualifications of the student to be able to work in your institution after graduation |  |  |  |  |  |  |
| Professional Competence –Professional Skills/Competencies Suggested for Improvement : | | | | | | |
| Please specify: | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **BUSINESS MANNER** | Too Weak | Weak | Satisfactory | Strong | Very Strong | Not Applicable |
| 1) Accountability & Responsibility |  |  |  |  |  |  |
| 2) Willingness to learn |  |  |  |  |  |  |
| 3) Interest in work |  |  |  |  |  |  |
| 4) Attention & care for assigned tasks |  |  |  |  |  |  |
| 5) Attendance & Punctuality (with regard to office hours) |  |  |  |  |  |  |
| 6) Willingness to take initiative and make recommendations |  |  |  |  |  |  |
| 7) Communication with colleagues & coworkers |  |  |  |  |  |  |
| 8) Respect & kindness for superiors |  |  |  |  |  |  |
| 9) Timeliness (with regard to tasks assigned) |  |  |  |  |  |  |
| 10) Adherence to company policy and procedures |  |  |  |  |  |  |
| 11) The level of professional qualifications of the student to be able to work in your institution after graduation |  |  |  |  |  |  |
| Business Manners–Business Manners Suggested for Improvement: | | | | | | |
| Please specify: | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL SKILLS & COMPETENCIES** | Too Weak | Weak | Satisfactory | Strong | Very Strong | Not Applicable |
| 1. Organizational & Effective Time Management Skills |  |  |  |  |  |  |
| 1. Independent Decision Making |  |  |  |  |  |  |
| 1. Intellectual Skills to Defend His/Her Own Ideas & Recommendations |  |  |  |  |  |  |
| 1. Verbal communication skills |  |  |  |  |  |  |
| 5) Written communication skills |  |  |  |  |  |  |
| 6) Self-esteem |  |  |  |  |  |  |
| 7) Ability to achieve personal development and growth during internship |  |  |  |  |  |  |
| 8) Team-working skills |  |  |  |  |  |  |
| 9) Creative thinking |  |  |  |  |  |  |
| 10) Critical thinking |  |  |  |  |  |  |
| 11) The level of professional qualifications of the student to be able to work in your institution after graduation |  |  |  |  |  |  |
| Personal Skills & Competencies – Personal Skills & Competencies Suggested for Improvement: | | | | | | |
| Please Specify: | | | | | | |

Please submit this form via email to [IRinternship@ozyegin.edu.tr](mailto:IRinternship@ozyegin.edu.tr).

**We would like to thank you for sharing your intern evaluation,**

**which is an integral part of Özyeğin University’s applied education philosophy.**

**ÖZYEĞİN UNIVERSITY**

**Faculty of Social Sciences**