|  |  |
| --- | --- |
| **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.

**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**