Faculty of Applied Sciences INTERN EVALUATION FORM

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Intern’s Name and Surname:** |  | | | | | | |
| **Institution/Company of Internship:** |  | | | | | | |
| **Department(s) of Internship:** |  | | | | | | |
| **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 to identify areas of improvement in our student’s technical and personal proficiencies. The evaluation form consists of 3 sections: **Vocational Skills and Competencies**, **Work Attitudes** and **Personal Skills and Competencies**. We request you to answer fully all questions in each section. Please mark ‘not applicable’ option for any question not corresponding to the intern’s circumstance. 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. | | | | | | | |
| **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 job description | |  |  |  |  |  |  |
| 5) Application of theoretical knowledge into practice | |  |  |  |  |  |  |
| 6) Knowledge and competency about diverse work areas | |  |  |  |  |  |  |
| 7) Ability of diagnosing vocational problems | |  |  |  |  |  |  |
| 8) Analysis of vocational problems | |  |  |  |  |  |  |
| 9) Problem solving skills | |  |  |  |  |  |  |
| 10) Professional development through internship period | |  |  |  |  |  |  |
| 11) Intern’s employability potential at your establishment upon graduation | |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **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 establisment and work procedures |  |  |  |  |  |  |
| 12) 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: | | | | | | |



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| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL SKILLS and COMPETENCIES** | 1 | 2 | 3 | 4 | 5 | Not applicable |
| 1) Self-organization and time management |  |  |  |  |  |  |
| 2) Independent decision-making |  |  |  |  |  |  |
| 3) Assertion of own ideas and suggestions |  |  |  |  |  |  |
| 4) 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) 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: | | | | | | |

We kindly request you to send this duly filled-out form in a sealed envelope one week prior to the completion of internship.

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

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

# ÖZYEĞİN UNIVERSITY

# FACULTY of APPLIED SCIENCES

**HOTEL MANAGEMENT PROGRAM GASTRONOMY and CULINARY ARTS PROGRAM**

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