



INTERN'S EVALUATION FORM

(For Non-Engineering Students)

Intern's Name: _____ AU Student's ID: _____

Organization's Name & Branch: _____

Supervisor's Name: _____ Designation: _____

Starting date of Internship: _____ Ending date of Internship: _____

Official timing during the internship: _____ No. of Absentees (If Any): _____

1. Please evaluate the performance elements of the intern. Evaluate all factors indicated below by **ENCIRCLING** the appropriate number on the scale given below and by commenting where appropriate.
2. Please do not disclose this information to the student and submit this evaluation form directly to the Air University at the address: **The Office of Placement & Alumni Affairs, Air University, PAF Complex, E-9, Islamabad. Phone#: 051-915381-2** or email us at **placement@mail.au.edu.pk**

Rating System

1= Unsatisfactory	2= Needs Improvement	3= Satisfactory	4= Excellent	5= Outstanding
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Professional Qualities:

Able to complete given assignments efficiently	1	2	3	4	5
Able to complete given assignments effectively	1	2	3	4	5
Able to work with others (as part of a team)	1	2	3	4	5
Ability to learn new techniques	1	2	3	4	5
Punctuality and attendance	1	2	3	4	5
Ability to approach work with a positive attitude	1	2	3	4	5
Ability to ask appropriate questions to seek clarification	1	2	3	4	5

Personal Qualities:

Reliability and dependability	1	2	3	4	5
Verbal communication skills	1	2	3	4	5
Written communication skills	1	2	3	4	5
Problem solving/critical thinking skills	1	2	3	4	5
Adaptability (ability to accommodate new change)	1	2	3	4	5
Assertiveness and self confidence	1	2	3	4	5
Attendance	1	2	3	4	5

Strengths of the intern: _____

Areas of improvement (If any): _____

Details of Department(s) Attended by the Intern during the Internship Program:

Sr. #	Name of Departments	Major Tasks	Duration	
			From (DD/MM/YYYY)	To (DD/MM/YYYY)

Would you like to offer the intern a job in your organization, subject to availability?

YES NO

Please give Reason:

Any remarks/suggestions: _____

Supervisor's Signature: _____

Official Seal/Stamp

Date: _____

Contact No(s): _____

E-mail Address: _____

Thank you for your cooperation!