

MUSC-IR/2

INTERNSHIP EVALUATION FORM

This evaluation is designed primarily to provide feedback on performance and related issues to assist the student. This form is to be completed by student's supervisor when the student has completed their required amount of hours at the end of internship period.

INTERNSHIP INFORM	<u>VIATION</u>	
First Name:	Last name:	
Internship Organization:		
Internship Title:		
Starting Date (DD/MM/YY	YY):	
Completion Date (DD/MM/	YYYY):	
SUPERVISOR INFOR	MATION _	
First Name:	Last name:	
Title:	Department:	••
Tel:	Fax:	
Fmail:		

Directions: Objectively evaluate this student's performance using the scale shown below

Ratings: 1 = Unsatisfactory 2 = Needs Improvement

3 = Satisfactory 4 = Very Satisfactory

5 = Excellent

N.T.	D	Ratings				
No.	Performance Items	5	4	3	2	1
Job	Skills and Abilities					
1.	Punctuality					
2.	Willingness to work					
3.	Quality of work (Accuracy and Timeliness)					
4.	Effectively performing assignments					
5.	Problem-solving skills					
6.	Leadership Skill					
7.	Ability to demonstrate the necessary technical skills and to apply his/her knowledge and skill					
8.	Ability to work with other team members					
9.	Self-improvement					
10.	Responsibility					
11.	Ability to accept constructive feedback from others					
12.	Self-confidence in the workplace					
13.	Awareness of workplace safety					
Prof	essionalism/Work Ethic					
1.	Interpersonal skills (Verbal, Non-verbal and Written communications)					
2.	Behaving in a manner that brings credit to the profession					
3.	Friendliness					
4.	Honesty and Reliability					
5.	Professional Appearance and Grooming					
6.	Helping and supporting other team members and showing respect for all team members					
7.	Initiative and enthusiasm					
8.	Emotional Intelligence					
9.	Attention to learn new experiences					
10.	Ability to adapt to a variety of tasks and situations					
11.	Commitment to work					

Additional comments
Supervisors' signature
Date:

Please return this evaluation by giving it back to students in a sealed envelope with supervisor's signature across the seal or sending the scanned form electronically via email (scddean8@mahidol.ac.th) or forward it to the following address:

Office of International Cooperation Division, Faculty of Science, Mahidol University 272 Rama VI Road, Ratchathewi District, Bangkok 10400, THAILAND