STUDENT EVALUATION FORM OF THE INTERNSHIP INSTITUTION (FORM-6)

Student's

Name and surname :

Class, ID Number :

Institution's

Title :

Internship Department :

Number of Employees in the Department:

Evaluation Criteria *	**Very Good (100-85)**	**Good (84-70)**	**Middle (69-60)**	**Insufficient (59-0)**
1. Work Information				
2. Work Continuity				
3. Complying with Business Rules				
4. Interest in Work				
5. Learning Ability				
6. Practice Ability				
7. Communication with Supervisors				
8. Communication with Colleagues				
9. Communication with Customers				
10. Analytical Thinking Ability				
11. Being Result Oriented				
12. Patience				
13. Flatness / Determination				
14. Innovation / Creativity				
15. Predisposition to Teamwork				

*** Please evaluate with points. Deliver the evaluation form to the student in a sealed envelope.**

Apart from the above-mentioned criteria, if there are aspects of the student that need improvement, that you find lacking or sufficient, please specify:

Administrator Filling Out the Form

Name Surname :

Title :

Date : … / … / ……

Signature:

Stamp: