**INTERN EVALUATION FORM**

**SOCIAL SCIENCES UNIVERSITY OF ANKARA**

**DEPARTMENT OF PSYCHOLOGY**

***The Trainee Evaluation Form*** will be filled out by the advisor of the student at the institution where the student who has completed the compulsory undergraduate internship is doing the internship.

Your assessment is important for the student who has completed the compulsory undergraduate internship. We kindly ask you to send the completed form **to the psikolojistaj@asbu.edu.tr address with an e-signature**, by writing **INTERNSHIP EVALUATION FORM – STUDENT'S NAME AND SURNAME in the** subject section.

Based on your observations about student who completed his/her compulsory internship at your institution, we kindly request you to evaluate the student within the framework of the following dimensions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Assessment Dimensions** | **VERY GOOD** | **GOOD** | **MIDDLE** | **INSUFFICIENT** | **VERY** **INSUFFICIENT** |
| Participation in the activities of the institution |   |   |   |   |   |
| Continuity |   |   |   |   |   |
| Time management |   |   |   |   |   |
| Theoretical knowledge |   |   |   |   |   |
| Using knowledge in practice |   |   |   |   |   |
| Motivation to work |   |   |   |   |   |
| Taking the initiative  |   |   |   |   |   |
| Quality of work |   |   |   |   |   |
| Compliance with corporate culture and rules |   |   |   |   |   |
| Taking responsibility |   |   |   |   |   |
| Interpersonal relationships |   |   |   |   |   |

**How would you evaluate the student's overall success level during the internship?**

\_\_\_\_\_ Successful \_\_\_\_\_ Unsuccessful

**Has the student attended the internship fully during the internship period?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name and Surname of the Internship Student:

Internship Institution:

Internship Supervisor / Officer Name and Surname:

Position:

Signature:

Telephone:

E-mail: