

## ASSESSMENT FORM FOR INTERNSHIP FOUNDATION

This form must be prepared as two copies by the foundation providing the internship and one copy must keep at the foundation and one copy must be sent to the relevant department of our university.

<b>STUDENT</b>	<b>FOUNDATION</b>
Name and Surname :	Name :
Number :	Address :
Internship Division :	Telephone :
Internship Time :	Fax :
Internship First Time :	E-Mail :
Internship End Time :	

<b>COORDINATOR INSTRUCTOR</b>	<b>SUPERVISOR</b>
Name and Surname:	Name and Surname:

**Dear Internship Supervisor**

Please fill in the table below carefully to determine the degree of knowledge, skills, and benefit from the internship of student who has completed the internship period at your foundation, as well as the qualities of relationships and behaviors of student.

### ASSESSMENT TABLE

Criterion	Assessment				
	Very Good (100-85)	Good (84 - 65)	Tolerable (64 - 40)	Weak (39 - 30)	Negative (29 - 0)
Interest in Work					
Definition of Work					
Ability to use tools and equipment					
Detection power					
Sense of responsibility					
Working speed					
Ability to use appropriate and sufficient materials					
Using time efficiently					
Ability to solve a problem					
Communicating					
Following the rules					
Tendency to work in groups					
Desire for self-improvement					
General assessment					

Would you consider employing the student after student graduates?

Yes ☐

No ☐

Name and Surname :

Seal and Signature :

- Fill the evaluation part as; Very Good (A), Good (B), Tolerable (C), Weak (D) and Negative (E).
- Deliver this form and to return receipt requested or student as marked "CONFIDENTIAL" in a sealed envelope.
- Make sure that the seal is not missing.