Internship Supervisor Evaluation Form

University of Twente Mobility Office, Internship Coordinator

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Name student		
Start date internship	End date internship	
Company		

Please fill in the questionnaire as completely as possible. Results can be shared and discussed with the intern as part of the learning process. From the perspective of the UT it will be treated confidential.

EVALUATION:

	Excellent	Very good	Good	Satisfactory	Sufficient	Insufficient	Not Applicable
Adequate realization of the assignment							
Level of knowledge							
Technical insight							
Critical judgement							
Creativity							
Self-reliance							
Initiative							
Flexibility regarding problems and criticism							
Co-operation with colleagues							
Communication skills, oral							
Communication skills, written							
Total Impression							

REMARKS:			
Would you like to a	dmit more students from the U	niversity of Twente in the	future?
[] yes, from the field	d of study:		
[] do not know yet,	because:		
[] no, because:			
Date:	Name supervisor:	Signatur	e supervisor: