

# 1.1 Internship Supervisor Evaluation Form

**University of Twente**

Mobility Office EEMCS/ ZILV 1018

Telephone: +31 53 489 3887

E-mail: Mobility-EEMCS@utwente.nl

Name student			
Start date internship		End date internship	
Company			

N.B. Please fill in this questionnaire as completely as possible. It will be treated as 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:**

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Would you like to admit more students from the University of Twente in the future?

yes, from the field of study: \_\_\_\_\_

do not know yet, because: \_\_\_\_\_

no, because: \_\_\_\_\_

Date: \_\_\_\_\_ Name supervisor: \_\_\_\_\_ Signature supervisor: \_\_\_\_\_