

INTERN EVALUATION FORM
(Industry Supervisor)

Date: _____

Name of the Intern : _____ Roll # _____ , Batch # _____

Evaluator : _____

Job Title of the Evaluator : _____

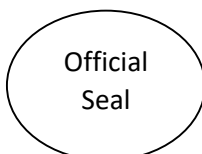
Organization and address : _____

Please evaluate the intern using the following scale on the criteria listed below:

KEY 5 = Excellent 4 = Very good 3 = Good
 2 = Satisfactory 1 = Not satisfactory

Performance Criteria	1	2	3	4	5	Remarks
Time management						
Communication skills						
Ability to work in team						
Ability to work independently						
Leadership skills						
Sincerity						
Creativity						

Overall Comments (if any):



Signature of the Evaluator
/Industry Supervisor
