

INTERNSHIP ASSESSMENT ASSESSMENT OF INTERN BY HOST ORGANIZATION

First, we would like to thank you for hosting one of our students.

In order to assess the student's experience with you, we ask that you complete this form and return it to

Internship advisor:

@univ-poitiers.fr

and to the Internship Office:

stages.sfa@univ-poitiers.fr

INTERN (TO BE COMPLETED BY STUDENT)

Last name:

First name:

Student ID n°:

Address:

Cell phone n°:

E-mail address:

Year (B1, B2....) and program of enrollment:

Internship advisor:

Internship subject:

Is the internship...?

☐ required ☐ optional (not required) ☐ for professional insertion/retraining

Length : from / / 20__ to / / 20__ total of hours

HOST ORGANIZATION

Name:

Address:

Telephone n°:

E-mail address:

Supervisor within host organization:

Supervisor's job title:

E-mail address:

All the following sections are to be completed by the supervisor.

INTERNSHIP

Location (City, Country):

Internship goals:

Were the initial goals met?

☐ Goals exceeded ☐ Goals met ☐ Goals not entirely met
not met at all

☐ Goals

If goals not met, why in your opinion:

Was the length of internship suitable for your organization?

☐ Yes ☐ No, not entirely ☐ No, not at all

If not, why:

ASSESSMENT OF INTERN'S SKILLS

With respect to the following criteria, would you consider the abilities and skills of the intern to be:

1] Highly satisfactory (surpasses expectations)

2] Satisfactory (conforms to expectations)

3] Insufficient (below expectations)

4] Unable to judge

Criteria	1	2	3	4	Comments
General behavior (punctuality, personal presentation, politeness, availability...)					
Social skills (integration, communication, teamwork...)					
Autonomy, sense of initiative and responsibility					
Motivation, investment and interest in goals					
Ability to assimilate new concepts and techniques					
Analysis, argumentation and reasoning skills					
Efficiency and quality of work (carried out)					

We would be interested in knowing how you would evaluate the intern concerning his/her academic training (optional):

Level of knowledge [theoretical and academic]					
Level of skills [technical and professional know-how]					
Level of English					
Office software skills					
Level of knowledge of professional world and/or business culture					
Level of career knowledge, with respect to internship					

Would you recommend the intern?

☐ Very highly

☐ Highly

☐ With some reservations

☐ Not at all

Additional comments concerning the intern and the work carried out:

Date:

Internship supervisor:

Signature:

Thank you for your collaboration.