INTERN EVALUATION FORM
To be filled by the Supervisor

INTERN’S NAME: ________________________________

PERIOD OF INTERNSHIP FROM ___________ TO ___________

SUPERVISOR’S NAME: __________________________

DESIGNATION ________________________________

PERSONALITY TRAITS:

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Attire
Interactive Skills
Initiative
Attitude
Confidence

WORK RELATED SKILLS:

Communication Skills
Work Independently
Team Spirit

DISCIPLINARY:

Punctual & Regular
Committed

For CBM use only:

Total Points from Report:____
Total Points from Internship Evaluation Form: __________
Total Obtained Points:____
Overall Grade: ____________

Grades:

<table>
<thead>
<tr>
<th>80 + A</th>
<th>60 – 69 = C</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 – 79</td>
<td>Below 60 = F</td>
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</tbody>
</table>
PROJECTS:

Was he / she given a specific project? Yes ______ No. ______
If yes, please give details: __________________________________________
_________________________________________________________________
_________________________________________________________________

Was the project completed on time? Yes ______ No. ______
Was any report written? Yes ______ No. ______
Will the work done on the project be useful to the Company? Yes ______ Not Quite ______ No: ______

GENERAL:

What are the intern’s primary strengths? __________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Weaknesses: __________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Prospects for a management career

Excellent _______ Good _______ Fair _______ Poor _______

Date: ___________________ Evaluator’s: _____________________
Signature & Stamp