**Wageningen University / Chairgroup Business Management & Organisation**

**Internship Evaluation Form for Internship Provider**

Name student:

Company/Organisation:

Name supervisor(s):

Email address supervisor:

1. **Summary of the task(s) of the student during the internship:**
2. **The results of the work by the student:**
3. **Performance of the student during the internship period**

(energy, interest, creativity, responsibility, independency, punctuality, cooperation, etc.)

1. **Assessment of the professional skills of the student:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Professional skills** | **2-3** | **4-5** | **6** | **7** | **8** | **9-10** |
| Initiative and creativity |  |  |  |  |  |  |
| Insight in functioning in another organisation |  |  |  |  |  |  |
| Adaptation capacity |  |  |  |  |  |  |
| Commitment and perseverance |  |  |  |  |  |  |
| Independence |  |  |  |  |  |  |
| Handling supervisor’s comments and development skills |  |  |  |  |  |  |
| Time management |  |  |  |  |  |  |
| Presentation; graphs, structure |  |  |  |  |  |  |
| Oral presentation and defence |  |  |  |  |  |  |

Name and signature of the internship supervisor

Date:

Name:

Signature: