



ICCT COLLEGES FOUNDATION, INC

V.V Soliven Avenue, Cainta, Rizal
www.icct.edu.ph

INTERNSHIP PERFORMANCE EVALUATION FORM

School ID No.:	Academic Period:	Academic Year:
Name (LN, FN, MN):	Course & Major:	Hours Required:

HOST TRAINING ESTABLISHMENT / ORGANIZATION / COMPANY

Company / Organization Name:	Address:	
Mentor / Supervisor:	Designation:	Contact Number:

INSTRUCTION: Please indicate the rating per factor by choosing from the range of grades indicated in the column heading.

PERFORMANCE EVALUATION

	Below Average	Satisfactory	Average	Above Average	Superior	Excellent
FACTORS / CRITERIA	75 - 79	80 - 83	84 - 87	88 - 91	92 - 95	96 - 100

PERFORMANCE

Dependability						
Initiative						
Follow Through on Tasks						
Adaptability						
Ability To Work with Others						
Speed and Tasks Completion						
Time Management						

LEARNING OBJECTIVES

Skills						
Knowledge						

ATTITUDE TOWARD

HTE/Organization/Company						
Mentor/Supervisor						
Staff / Personnel						
Tasks / Work Assigned						
Costumers/Clients						
School						

How well do you think this student is suited for the type of work that he/she performed during the internship?

Very well suited Quite well suited
 Moderately suited Somewhat well suited
 Not well suited

MENTOR / SUPERVISOR

If you were in the position to do so, would you hire him/her for employment?

Yes No Not sure

(Signature Over Printed Name)

(Date)

IMPORTANT: Kindly entrust to the bearer in a **SEALED** envelope. Inadmissible if **NOT PLACE** in a **SEALED** envelope.