



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	
	<div>(Signature Over Printed Name)</div> <div>(Date)</div>

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