



GARDEN CITY UNIVERSITY COLLEGE

ACADEMIC AFFAIRS

STUDENTS INTERNSHIP ASSESSMENT FORM

Name of Student..... Programme.....

Duration of Internship.....

Name & Address of Organization/Industry.....

.....

Department Assigned..... Position Held.....

Job Description.....

.....

Direction: Please tick the appropriate grading that represents the students' general conduct.

Area of Assessment	Excellent	Very Good	Good	Satisfactory	Poor
Appearance					
Knowledge of Work					
Ability to apply Theory to Practical Situations					
Adherence to directives					
Ability to complete work on schedule					
Ability to work with little or no supervision					
Level of efficiency					
Sense of Initiative					
Power of Written Expression					
Teamwork					
Adherence to work rules					
Attendance to work					
Punctuality					
Desire/Commitment to work					
Emotional Control					
Relationship with Superiors					
Relationship with Peers					
Relationship with Subordinates					