Evaluation Internships

Surname and first name of the student | Student number

Company | Job site

Evaluation performed by | Position/Organizational unit

Since we are constantly working on an improvement of our study programme we kindly ask you to critically fill out the following questionnaire. The evaluation should also be seen as a providing feedback for our students. We thank you in advance for your cooperation.

Your opinion is very important to us!

Industrial logistics

Organization of tasks and working time

The student has the potential to perform tasks analytically and is using working hours efficiently.

1	2	3	4	5
☐	☐	☐	☐	☐

I totally agree — I don´t agree

Flexibility

The student has the ability to solve unexpected problems and for this he/she is using an adequate approach.

1	2	3	4	5
☐	☐	☐	☐	☐

I totally agree — I don´t agree

Communication

The student communicates with his environment in an appropriate and understandable manner and strives to achieve a good cooperation with the employees.

1	2	3	4	5
☐	☐	☐	☐	☐

I totally agree — I don´t agree

Social behaviour in groups and teams

The student integrates proactively and constructively in groups and teams.

1	2	3	4	5
☐	☐	☐	☐	☐
I totally agree				I don´t agree

Focus and Endurance

The student uses appropriate tools and methods to achieve his/her goals and shows also the necessary autonomy and endurance.

1	2	3	4	5
☐	☐	☐	☐	☐
I totally agree				I don´t agree

Overall Impression

The student met the requirements of the job profile for the whole duration of the internship.

1	2	3	4	5
☐	☐	☐	☐	☐
I totally agree				I don´t agree

Has this evaluation been discussed with the student?

☐ yes ☐ no

Have there been any feedback session during the internship?

☐ yes ☐ no

When? / How often during the internship? _____

Are you interested to employ more students in future for an internship?

☐ yes ☐ no

<u>If so:</u>

Who would be the contact person in this case:

_____

Surname and first name of the contact person

Telephone number

_____

Email address:

Additional Comments:

Signature of the supervisor: _____

Date: _____ Official company stamp: