Internship evaluation questionnaire

With this questionnaire we would like to evaluate the completed internships of our students from the company's point of view. For this purpose, we would like you to fill out the questionnaire completely and critically. This will enable us to improve the current teaching and to adapt the curriculum to the requirements of companies. Your information will be treated confidentially.

Information of the student

Family name and first name of the student

Information about the internship

Name of the company

Location

Field of activity of the student

Evaluation

The student had sufficient knowledge for his/her field of work already before starting the internship

☐ ☐ ☐ ☐ ☐

I completely agree — I totally disagree

The student has sufficiently mastered all the programs required for his/her field of work

☐ ☐ ☐ ☐ ☐

I completely agree — I totally disagree

The student was able to perform the work to be done largely independently

☐ ☐ ☐ ☐ ☐

I completely agree — I totally disagree

Are there any areas where you would like to see our students even better prepared for professional life? If yes, which ones?

☐ Yes ☐ No

If yes, which ones?

_____

_____

Is your company interested in projects or a cooperation with the Chair of Industrial Logistics?

☐ Yes ☐ No

Is your company interested in assigning topics for bachelor or master theses?

☐ Yes ☐ No

Is your company interested in hiring more students?

☐ Ja ☐ No

If yes, who is the contact person for this?

_____ _____

Surname and first name of the contact person Function/organizational unit

_____

Phone number or e-mail address

Are there any additional things you want to share?

_____

_____

_____ _____

Evaluation performed by Function/organizational unit

_____

Phone number or e-mail address

Date and company stamp: _____