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| EMPLOYER EVALUATION OF INTERNSHIP EXPERIENCE | UBDLogo.jpg |

Please kindly return this form to Dr Yong Shiaw Yin (shiawyin.yong@ubd.edu.bn) in Mathematical Sciences, Faculty of Science UBD.

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| --- | --- | --- | --- | --- | --- | --- |
| STUDENT INFORMATION – to be completed by employer | | | | | | |
| Name: | | | | | | |
| **EVALUATION OF UBD DISCOVERY YEAR INTERNSHIP PROGRAM** | | | | | | |
| In your opinion, how effective was the *Discovery Year* Internship program? | | | | | | |
|  | Excellent | Good | Average | | Below Average | Poor |
| 1. Academic preparation of student | 5 | 4 | 3 | | 2 | 1 |
| (Did this intern have the basic and technical skills required to effectively perform the duties you assigned?) | | | | | | |
|  | | | | | | |
| 2. Overall satisfaction with the experience | 5 | 4 | | 3 | 2 | 1 |
| (Would you recommend UBD Discovery Year Internship program to other employers?) | | | | | | |
|  | | | | | | |
| 3. Future interns | 5 | 4 | | 3 | 2 | 1 |
| (Would you like the Internship Coordinator/Advisor to contact you about having another Discovery Year intern in your  company/organization? | | | | | | |
|  | | | | | | |
| EVALUATION OF STUDENT’S PROFESSIONAL DEVELOPMENT | | | | | | |
| In your opinion, how well was the student able to learn and utilize the following skills during internship? | | | | | | |
|  | Excellent | Good | | Average | Below Average | Poor |
| 1. Interpersonal relations | 5 | 4 | | 3 | 2 | 1 |
| (communication with co-workers, ability to work with others on projects/tasks) | | | | | | |
|  | | | | | | |
| 2. Judgment | 5 | 4 | | 3 | 2 | 1 |
| (ability to make professional decisions) | | | | | | |
|  | | | | | | |
| 3. Dependability | 5 | 4 | | 3 | 2 | 1 |
| (punctuality, reliably completed tasks) | | | | | | |
|  | | | | | | |
| 4. Learning ability | 5 | 4 | | 3 | 2 | 1 |
| (how quickly the student learned new tasks) | | | | | | |
|  | | | | | | |
| 5. Quality of work | 5 | 4 | | 3 | 2 | 1 |
|  | | | | | | |
| 6. Overall performance | 5 | 4 | | 3 | 2 | 1 |
| Additional Comments: | | | | | | |
|  | | | | | | |

Host supervisor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_