



Student Internship Evaluation Form

To be completed by the Internship Supervisor / Mentor

GENERAL INFORMATION

Name of Intern: _____

Enrolment No: _____

Department: _____

Internship Organization Name: _____

Location of Internship: _____

Duration of Internship: From _____ to _____

Supervisor's Name & Designation: _____

Contact Email / Phone: _____

EVALUATION PARAMETERS

Please rate the intern's performance using the scale below:

5 – Excellent | 4 – Good | 3 – Satisfactory | 2 – Needs Improvement | 1 – Unsatisfactory

Attributes	Grading Scale				
	Excellent	Good	Satisfactory	Needs Improvement	Unsatisfactory
Punctuality and Attendance					
Communication Skills					
Technical Knowledge / Subject Relevance					
Learning Ability and Adaptability					
Initiative and Self-Motivation					
Teamwork and Cooperation					
Work Ethics and Professionalism					
Overall Performance					



BRIEF DESCRIPTION OF WORK ASSIGNED

(Please provide a short summary of the tasks, projects, or responsibilities handled by the intern.)

COMMENTS AND SUGGESTIONS

(Any additional comments, observations, or recommendations regarding the intern's performance or future potential.)

Supervisor's Signature: _____ Date: _____

ACKNOWLEDGEMENT FROM HR DEPARTMENT (if applicable)

This is to certify that Mr./Ms. _____

Has completed _____ days/weeks internship at our organization from _____ to _____

Name of HR Person: _____ Designation _____

Signature & Stamp: _____ Date: _____

On behalf of the SBBU-SBA, we would like to thank you for providing our students a chance to learn about practical aspects of professional life. Feel free to reach out us in case you have further such opportunities.