THE REPUBLIC OF TURKEY
ANKARA YILDIRIM BEYAZIT UNIVERSITY
FACULTY OF ENGINEERING AND NATURAL SCIENCES
SOFTWARE ENGINEERING DEPARTMENT

INTERNSHIP EVALUATION FORM

To whom it may concern,

This form must be signed by a computer engineer or a software engineer.

After you fill this form, please put that form in an envelope and make sure it is closed.
Then you can send this envelope by our student.

Internship Commision

Student
___

Name and Surname: …………………………………………………..

Student ID: ………………………………………………….

Company
___

Title: ………………………………………………………….

Address: ……………………………………………………………………………………

 ……………………………………………………………………………………..

……………………………………………………………………………………..

Internship Dates
___

Start : …. / …. / ……..   Finish : …. / …. / ……..
Duration of internship: …………days

INFORMATION ON THE STUDENT'S GENERAL BEHAVIOR

1) Discipline status:

( ) 1. Very good ( ) 2. Good ( ) 3. Fair ( ) 4. Poor ( ) 5. No opinion

2) Diligence status:

( ) 1. Very good ( ) 2. Good ( ) 3. Medium ( ) 4. Poor ( ) 5. No opinion

3) Relations with the employees of the organization:

( ) 1. Very good ( ) 2. Good ( ) 3. Medium ( ) 4. Poor ( ) 5. No opinion

4) Attendance status:

( ) 1. On-time every day.

( ) 2. Has negligible absenteeism

( ) 3. Usually absent. Absenteeism: ……….day(s)

5) Other explanations for the student's behavior, if any:

INFORMATION ON THE STUDENT'S GENERAL BEHAVIOR

1) Comprehension ability:

( ) 1. Very good ( ) 2. Good ( ) 3. Medium ( ) 4. Poor ( ) 5. No opinion

2) Speed of completing the assigned work:

( ) 1. Very good ( ) 2. Good ( ) 3. Medium ( ) 4. Poor ( ) 5. No opinion

3) The extent of meticulousness and regularity in the work:

( ) 1. Very good ( ) 2. Good ( ) 3. Medium ( ) 4. Poor ( ) 5. No opinion

4) General knowledge in approaching the solution of problems:

( ) 1. Very good ( ) 2. Good ( ) 3. Medium ( ) 4. Poor ( ) 5. No opinion

5) Level of programming knowledge:

( ) 1. Very good ( ) 2. Good ( ) 3. Medium ( ) 4. Poor ( ) 5. No opinion

6) Has the student been useful in your organization?

RESULT

Was student successful during his/her internship?	( ) Yes ( ) No
Please give student a grade out of 100	……/100

Director of Internship

Name Surname: ……………………………………	Date: …. / …. / ……..
Duty : ……………………………………	Signature: …………..
The university that he / she graduated: ………………………………………….	
The department that he / she graduated: ……………………………………………..	