



# Swedish College of Engineering & Technology, Wah Cantt

## Office of Director QEC

### Student Internship Evaluation Form (To be filled by employer)

#### 1. Organization Detail:

Organization/Company of Internship: \_\_\_\_\_

Email: \_\_\_\_\_ Contact No: \_\_\_\_\_

Office/Site Address: \_\_\_\_\_

#### 2. Internee Information:

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Cell No: \_\_\_\_\_ Email: \_\_\_\_\_

Duration of internship in weeks: \_\_\_\_\_ Assigned Task: \_\_\_\_\_

Your feedback on the quality of education is important for further improvements. Please evaluate the student's performance and conduct during internship training by encircling the Legend:

1: Poor	2: Fair	3: Good	4: Very Good	5: Excellent
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<b>a) Ability to apply knowledge &amp; skills</b>				
1	2	3	4	5
<b>b) Ability to accomplish assigned tasks</b>				
1	2	3	4	5
<b>c) Punctuality and discipline</b>				
1	2	3	4	5
<b>d) Ability to cooperate</b>				
1	2	3	4	5
<b>e) Interpersonal skills</b>				
1	2	3	4	5

Remarks: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_