



GARDEN CITY UNIVERSITY COLLEGE INTERNSHIP PROGRAM

Intern Evaluation Form (Site Supervisor Evaluation)

To be completed by Intern

Student Name:
Index Number:
Department:
Internship Site:
Date:

To be completed by Site Supervisor

Please circle the number on the scale which best describes the student intern's performance.

PERSONAL QUALITIES					
	Unsuitable				Neat
Appearance	1	2	3	4	5
	Awkward/Timid				Poised/Confident
Maturity	1	2	3	4	5
	Uninterested				Enthusiastic
Attitude	1	2	3	4	5
	Uncooperative				Cooperative
Cooperation	1	2	3	4	5
	Has difficulty w/others				Works well w/others
Interpersonal Relations	1	2	3	4	5

WORK PERFORMANCE					
	Low output				High output
Quantity of work	1	2	3	4	5
	Poor				Excellent
Quality of work	1	2	3	4	5

WORK HABIT					
	Disorganized				Organized
Organization	1	2	3	4	5
	Slow to learn				Learns quickly
Ability to Learn	1	2	3	4	5
	Needs monitoring				Able to work alone
Supervision	1	2	3	4	5
	Poor				Excellent
Ability to apply concepts	1	2	3	4	5
	Neglectful				Dependable
Responsibility	1	2	3	4	5
	Irregular				Regular
Attendance	1	2	3	4	5
	Tardy				Punctual
Punctuality	1	2	3	4	5

What do you consider to be the outstanding personal qualities/strengths of the intern?

What do you consider to be the weakness of the intern?

How can the student work to improve these areas?

Have there been any problems? Please explain the problems and if/how they have been resolved.

Do you have any recommendations regarding the Garden City University Internship program?

Please return this to: **Career Service Centre**

Garden City University College

P. O. Box KS 12775

Kumasi

Or a scanned copy to

careercenter@gcuc.edu.gh

Thank you for participating in the evaluation of this Garden City University College student intern. You may share your feedback with the student.

Date:

Site Supervisor:

Signature

Official stamp: