Office of International Affairs

 (Erasmus Code: TRMERSIN05)

Dear Colleague,

We value your opinions and assessment of our student's overall performance during his or her Erasmus Internship in your organization.

Please fill out the "Erasmus Internship Assessment Form" below and return it to us via conventional mail or email with the scanned form.

We appreciate your cooperation and genuine interest in our student.

ERASMUS+ TRAINEESHIP STUDENT EVALUATION FORM

|  |
| --- |
| **Information about Student** |
| Name and Surname: |  |
| Department: |  |
| **Information about Host Institution** |
| Legal Name: |  |
| Department Student Worked: |  |
| Address: |  |
| Name of the Mentor: |  |
| **Information about Placement** |
| Number of Placement Students: |  |
| Duration: |  |
| Beginning Date of Placement: |  |
| End Date of Placement: |  |
| Working hours per week: |  |
| Working hours per day: |  |
| Definition of the Internship (Activities, knowledge, skills and competences acquired): |  |

Please put mark one of these evaluations

|  |  |
| --- | --- |
|  | **Evaluation** |
|  | Excellent 5 | Good 4 | Acceptable 3 | Poor 2 | Very Poor 1 |
| Attendance of the intern |  |  |  |  |  |
| Ability to learn and adapt to each assignment |  |  |  |  |  |
| Ability to adapt to a work environment |  |  |  |  |  |
| Ability to take responsibility on a given task |  |  |  |  |  |
| Ability to achieve a special task on time |  |  |  |  |  |
| Ability to perform without direct supervision |  |  |  |  |  |
| Ability to rapidly acquire new knowledge |  |  |  |  |  |
| The degree of inquisitiveness expressed by the in- tern |  |  |  |  |  |
| Ability to pay attention to details |  |  |  |  |  |
| Ability to work with people from other cultures |  |  |  |  |  |
| Ability to interact favourably with other employees |  |  |  |  |  |
| Ability to work in a team |  |  |  |  |  |
| The honesty of the intern |  |  |  |  |  |
| Eagerness to learn / motivation |  |  |  |  |  |
| Eagerness to create solutions |  |  |  |  |  |
| Reliability of the intern |  |  |  |  |  |
| Adaptation to company rules |  |  |  |  |  |
| Ability to express her/himself |  |  |  |  |  |
| **TOTAL SCORE** |  |

|  |  |
| --- | --- |
| Comments (If Any) |  |
|  | Excellent 5 | Good 4 | Acceptable 3 | Poor 2 | Very Poor 1 |
| **Overall Performance** (please put mark one of these evaluations) |  |  |  |  |  |

Date ……/……/…….

Name of the Mentor: Signature and Stamp