

Student Evaluation by his/her Professional Internship Supervisor

ORGANISATION	
NAME	_____
INTERNSHIP SUPERVISOR	
NAME	_____
TITLE	_____
TELEPHONE	_____
STUDENT	
NAME	_____
LENGTH OF INTERNSHIP	from _____ to _____

SIGNATURE	
_____	_____
Professional Internship supervisor	Date

Please return this form completed as soon as possible to:

Andréanne Lemonde
Coordonnatrice des stages
Département d'informatique et recherche opérationnelle
Université de Montréal
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Montréal QC H3C 3J7

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1. Global Appreciation of your Internship Student

<p>Please place a check mark in the appropriate level of achievement</p>	<p>() Exceptional : rare, 1 our of 20 students</p> <p>() Excellent : better than average : ~ 25 % of students</p> <p>() Satisfactory : ~70 % of students : good</p> <p>() Passable : < 5 % : satisfactory but not very good</p> <p>() Unacceptable: to not do what is expected and no sign of willingness to improve. We hope that It won't happen.</p>
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2. Diverse points of evaluation

Scale of evaluation : 5.Exceptional 4. Excellent 3. Satisfactory 2.Passable 1. Unacceptable
N. does not apply

Attributes		Scale
Technical Aspect	Theoretical & Analytical knowledge	1 2 3 4 5 N
	Technical ability	1 2 3 4 5 N
	Ability to learn	1 2 3 4 5 N
	Organization and Planning	1 2 3 4 5 N
Attitude	Motivation & Dynamism	1 2 3 4 5 N
	Autonomous & Initiative	1 2 3 4 5 N
	Adjustment to Company, Structure, Policies & Procedures	1 2 3 4 5 N
	Asking for precisions and help when required	1 2 3 4 5 N
Professionalism	Punctuality & Attendance	1 2 3 4 5 N
	Appropriate Grooming and behaviour	1 2 3 4 5 N
	Keeping confidentiality	1 2 3 4 5 N
	Striving after perfection	1 2 3 4 5 N
Communication (Written and Verbal)	Communicating clearly and correctly	1 2 3 4 5 N
	Listening attentively	1 2 3 4 5 N
	Accepting suggestions & Criticism	1 2 3 4 5 N
Social Skills	Team player	1 2 3 4 5 N
	Relations with others	1 2 3 4 5 N
	Participating & contributing in meetings	1 2 3 4 5 N

3. Comments on Student's strong and weak Points

To elaborate your comment, you can continue on supplemental sheet if you need.

<p>Student's Areas of Strength :</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Student's Areas for Improvement :</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Do you discuss this evaluation with the student? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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4. Evaluation on written Report

The report is clearly presented?	1	2	3	4	5
The content of the report is accurate?	1	2	3	4	5
It is complete?	1	2	3	4	5
Would you consider this report as an excellent example for your future internship students?	YES <input type="checkbox"/> NO <input type="checkbox"/>				

5. Would you have any Suggestions to help us improve the Academic Formation that we offer to Students?