



Student Evaluation of Internship Final Assessment

Student Name:

Supervisor Name:

University:

Email:

Phone:

Please complete the evaluation for your internship experience. This will be used as one of the elements of assessing how this internship contributed to your education. Also, this evaluation will provide valuable feedback to the program and your academic department on what and how you have learned. In the left column provide a rating of your experience by ticking the appropriate field mid-way at the internship placement.

Criteria	Poor	Fair	Good	Very Good	Excellent
Opportunity for learning					
Realizing my own strengths					
Realizing my own weaknesses					
Gaining practical experience					
Developing professional skills					
Gaining self confidence					
Developing oral communication skills					
Developing written communication skills					
Developing problem solving skills					
Learning to work with others (team work)					
Learning about leadership					
Learning to work with people from diverse backgrounds					
Practicing ethical behaviour					
Ability to integrate academic theory with workplace practice					
Gaining field experience relating to academic course work					

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وزارة التعليم العالي والبحث العلمي
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سهروكاتيا زانكوييا دهوك
سهنتهري گهشهپيدانا كارى

Learning new skills and practices					
Motivating me to continue to learn					
Gaining clarity about career goals					
Overall work experience					
Offer comments or suggestions you feel would be appropriate					
Signature:			Date:		