



Pontificia Universidad Católica de Chile
Facultad de Ciencias Económicas y Administrativas

INTERNSHIP EVALUATION
COMPANY OR ORGANIZATION

Dear Supervisor:

We ask you to fill this evaluation form of the student's work in your organization, in order to have your feedback when we evaluate the internship of the student. This information is very important to us, so please complete every question of the form.

As a reference, we inform you that the basic objectives of the internship are:

- To apply knowledge acquired during his/her course of study, in a specific class or in several of them.
- Socialize with other professionals and develop teamwork abilities.
- To efficiently and promptly perform the tasks assigned as part of their internship.

In addition to these objectives, we expect that the student will learn about the organization during his internship, acquire work experience, and develop skills such as teamwork, assertiveness, judgment, autonomy and proactivity.

In order to maintain the confidentiality of the evaluation and to avoid any potential bias, we ask you to hand this document to the student in a sealed envelope, with the stamp of the organization and/or the signature of the supervisor. In view that the student will not see this written evaluation of his/her work, we ask you to provide feedback in a formal meeting with him, emphasizing positive and negative aspects of his work. This will be a good opportunity to learn and will help the student in his/her professional development.

Finally we inform you that if you prefer to fill this evaluation electronically, you can find it in our website: www.facepuc.cl/alumnos. When completed, please print the document and sign it in the last page.

We appreciate your cooperation. Sincerely,

Nora Cáceres Rivas
Assistant Director for Student Affairs
School of Business Administration and Economics



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This document must be completed by the direct supervisor of the student.

A. General Description

Name of the Company or Organization: _____

Main Activity: _____

Address: _____

City: _____

Country: _____

Website: _____

Telephone: () - _____

B. Supervisor

Name: _____

Position in the Company: _____

Telephone: _____ E-mail: _____

C. Student

Name: _____

Starting Date of the Internship: ____/____/____

Ending Date of the Internship: ____/____/____

Workday: Full-Time Part-Time

If the student worked Part-Time, please mark the days in which he/she worked:

Monday Tuesday Wednesday Thursday Friday

Hours of Work: ____:____ until ____:____

D. Evaluation

In order to evaluate the work done by the student during his internship, we ask the supervisor to fill the following evaluation.

- i. *Description of the work done by the student:*

- ii. *From 1 to 7, Which grade would you give to the student`s performance in the internship? _____*

(1 is the worst grade and 7 the best one)

iii. *Student`s Performance:*

(Consider 1 as bad and 4 as excellent)

| | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Quality of the Work | | | | |
| Adaptation and Integration to Working Groups | | | | |
| Analysis Capability | | | | |
| Judgment | | | | |
| Creativity and Initiative | | | | |
| Problem Solving Abilities | | | | |
| Autonomy | | | | |
| Willingness to Work | | | | |
| Interest in work | | | | |

iv. *What kind of effect did the intern have in the achievement of the objectives and results of the area?*

Positive _____ Negative _____ Neutral _____

Why?

- v. *Comments about the feedback meeting with the student (attitude, tolerance to criticism, etc.)*

Please hand this document to the students in a sealed envelope with the stamp of the organization and/or the signature of the supervisor.

Sign and Stamp

Date _____