



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](http://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 \_\_\_\_:\_\_\_\_



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? \_\_\_\_\_

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

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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 \_\_\_\_\_