

I-SHOU UNIVERSITY

Domestic Internship Provider Evaluation Form

Department/Program:

Evaluation Date:

I. Basic Information of the Internship Provider (Inquiry URL: Ministry of Finance Public Information Inquiry ; please confirm that the status should be "Active.")			
Name		Unified Business No.	
Address			
Contact Person		Position	
Contact Info	Telephone:	Email:	
Internship Job Description			
Internship Location			
Is the internship provider a business entity engaged in labor dispatch services?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If this box is ticked, the internship provider should be recommended.)		
Is the internship provider an individual, organization, or legal entity from China, or does it receive funding from China?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Inquiry URL: Department of Investment Review, MOEA.)		
II. Safety of the Internship Location (Please retain a record of the inquiry period and all relevant supporting documents for future reference.)			
1. Is the internship provider duly established or legally registered? (Inquiry URL: MOEA Get Information about Businesses Registration in Taiwan ; MOHW Medical Affairs Inquiry System)			
<input type="checkbox"/> Yes (Please attach proof of legal establishment or registration.) <input type="checkbox"/> No (If this box is ticked, the internship provider should not be recommended)			
2. Does the internship provider have adequate personnel to provide training and guidance, as well as appropriate facilities and equipment, or have established occupational safety and health work rules? (Recommendation is not advised if fewer than 4 boxes are ticked. If a partnership is intended, the internship provider must sign a Guarantee Letter for review by the responsible Off-campus Student Internship Committee.)			
<input type="checkbox"/> Maintenance and inspection of machinery or equipment <input type="checkbox"/> Occupational safety and health standards <input type="checkbox"/> Education and training <input type="checkbox"/> Health guidance and management measures <input type="checkbox"/> First aid and emergency rescue <input type="checkbox"/> Preparation, maintenance, and use of protective facilities <input type="checkbox"/> Incident notification and reporting <input type="checkbox"/> Other:			
3. Does the internship provider have any record of major occupational accidents over the past two years (i.e., the two years preceding the internship start date indicated in the off-campus student internship agreement)? (Inquiry URL: MOE Internship Provider Inquiry System)			
<input type="checkbox"/> None <input type="checkbox"/> Yes, but not due to employer negligence (Please attach supporting documentation) <input type="checkbox"/> Yes (If this box is ticked, the internship provider should not be recommended.)			
4. Does the internship provider have any record of violations of labor-related laws over the past two years (i.e., the two years preceding the internship start date indicated in the off-campus student internship agreement)? (Inquiry URL: MOE Internship Provider Inquiry System)			
● <input type="checkbox"/> 4-1: Administrative penalties for violations of Article 78 or Article 80 of the Labor Standards Act; for violations of Paragraph 2, Article 79 of the Labor Standards Act on two or more occasions; or for violations of Paragraph 1, Article 79 of the Labor Standards Act on three or more occasions.			
● <input type="checkbox"/> 4-2: Violations of the Labor Occupational Accident Insurance and Protection Act or the Labor Pension Act, with records of unpaid or overdue occupational accident insurance premiums, labor pension contributions, or related fines.			

● 4-3: Administrative penalties for violations of the Gender Equality in Employment Act involving gender discrimination or sexual harassment, or for violations of the Employment Service Act involving employment discrimination.

(Recommendation is not advised if any records exist for 4-1, 4-2, or 4-3. If a partnership is intended, the internship provider must sign a Guarantee Letter for review by the responsible Off-campus Student Internship Committee.)

4-4 None of the above.

Is the internship location listed on the National Fire Agency’s “[List of Major Non-compliant Premises for Fire Safety Inspection](#)“?

No Yes (If this box is ticked, the internship provider should not be recommended.)

III. Student Internship Rights

Working Hours	_____ hours per week	Mentor Guidance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remuneration	Employment Type: <input type="checkbox"/> Monthly Salary <input type="checkbox"/> Hourly Wage Non-employment Type: <input type="checkbox"/> Scholarship <input type="checkbox"/> Stipend <input type="checkbox"/> None		
Insurance	<input type="checkbox"/> Labor Insurance <input type="checkbox"/> Labor Pension Contribution <input type="checkbox"/> National Health Insurance <input type="checkbox"/> Labor Occupational Accident Insurance <input type="checkbox"/> Employment Insurance <input type="checkbox"/> The internship provider does not offer insurance benefits; coverage is limited to the University’s group accident insurance for off-campus internships.		
Overtime	<input type="checkbox"/> Yes (Please specify: _____) <input type="checkbox"/> No	Shift Work	<input type="checkbox"/> Yes (Please specify: _____) <input type="checkbox"/> No
Meals	<input type="checkbox"/> Yes (Please specify: _____) <input type="checkbox"/> No	Transportation	<input type="checkbox"/> Yes (Please specify: _____) <input type="checkbox"/> No
Accommodation	<input type="checkbox"/> Yes (Please specify: _____) <input type="checkbox"/> No		

IV. Evaluation Items

(Scale for Items 1–5 and 7–9: 5 - Excellent; 4 - Good; 3 - Average; 2 - Fair; 1 - Poor)

1. The Internship Provider’s Public Image	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
2. Workplace Safety	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
3. Occupational Safety and Health Measures	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
4. Training on Equipment Operation	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
5. Relevance to Departmental Professional Competencies	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
6. Daily Workload (8-hour workday)	<input type="checkbox"/> 5 No concern <input type="checkbox"/> 4 Slight workload <input type="checkbox"/> 3 Manageable <input type="checkbox"/> 2 Somewhat heavy <input type="checkbox"/> 1 Excessive workload
7. Salary and Benefits	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
8. Completeness of the Internship Plan	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
9. Potential for Long-term Collaboration	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Total (Maximum: 45 points)	(A total score of 35 or above is recommended.)

V. Supplemental Remarks:

VI. Evaluation Result: Recommended Not Recommended

Evaluator/Unit	
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Signature of Department Chair/Program Director	
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Notes:

1. To ensure student safety, academic units are required to conduct on-site evaluations of the internship environment and equipment before students begin their internships. The results should be reviewed and approved by the department-level Off-campus Student Internship Committee. This mechanism also applies to internship providers recommended by faculty members or students. Final verification may be conducted through the [MOE Internship Provider Inquiry System](#) before the internship begins.
2. Teaching hospitals accredited by the Ministry of Health and Welfare that do not meet the requirements under Section II (Items 1–4) may be considered as internship providers after they make improvements and are reviewed by the department-level Off-campus Student Internship Committee.
3. If an internship provider is found to have violated Section II (Items 1–5) during the internship period, the department should re-evaluate its suitability. If necessary, the department-level Off-campus Student Internship Committee should, based on the severity of the violation, determine whether to terminate the partnership or adopt measures such as adjusting mentorship/guidance and requiring improvements within a specified period, to safeguard student safety and rights during their internships. If a violation occurs at a branch office or store but the administrative penalty is imposed on the headquarters, the University may still collaborate with non-violating branch offices or stores, provided that the internship provider signs a Guarantee Letter to certify that no regulatory violations have occurred.
4. Please attach all required supporting documents to this form.