

I-SHOU UNIVERSITY

Overseas Internship Provider Evaluation Form

Department/Program: _____

Evaluation Date: _____

I. Basic Information of the Internship Provider

Name		Unified Business No.	
Address			
Contact Person		Position	
Contact Info	Telephone:	Email:	
Internship Job Description			
Internship Location			

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 in accordance with applicable foreign regulations?
 Yes (Please attach proof of legal establishment or registration.) 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?
 (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.)
 Maintenance and inspection of machinery or equipment Occupational safety and health standards Education and training Health guidance and management measures First aid and emergency rescue Preparation, maintenance, and use of protective facilities Incident notification and reporting Other:
3. Does the internship provider comply with applicable foreign occupational safety and health laws and regulations, or ensure the workplace safety and physical health of student interns?
 Yes No
4. Does the internship provider have any record of major violations of local laws and regulations or international conventions related to gender discrimination, sexual harassment, or employment discrimination?
 No Yes
5. Does the internship provider have any record of major violations of local labor laws and regulations or international conventions related to labor rights?
 No Yes

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"/> Other: <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: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended			
Evaluator/Unit			
Signature of Department Chair/Program Director			

Notes:

- 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 before the internship begins.
- 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.

3. Please attach all required supporting documents to this form.