

I-SHOU UNIVERSITY Internship Provider Evaluation Form

Company Name	
Intern Job Description	
Evaluation Date	(yyyy/mm/dd)
Evaluation Method	<input type="checkbox"/> On-site visit to the company <input type="checkbox"/> Telephone interview <input type="checkbox"/> Meeting with the company's supervisor <input type="checkbox"/> Other: Please specify _____
Evaluation Items	
Work Environment	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
Work Safety	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
Work Professionalism	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
Physical Workload	<input type="checkbox"/> No issues <input type="checkbox"/> Slightly demanding <input type="checkbox"/> Manageable <input type="checkbox"/> Demanding <input type="checkbox"/> Extremely demanding
Training Plan	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
Philosophy of Internship Collaboration	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
Overall Evaluation	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
Suggestions:	
Evaluation Result	
<input type="checkbox"/> Recommended for an internship <input type="checkbox"/> Not recommended for an internship	
Evaluator / Department:	