

T.C.



FIRAT UNIVERSITY
FACULTY OF VETERINARY MEDICINE DEAN'S OFFICE
STUDENT INTERNSHIP EVALUATION FORM



INTERNSHIP STUDENT

Name Surname :

Faculty Number :

Internship Start and End Dates :

Name of the Internship Workplace :

Workplace Address and Contact Number :

Dear Business Official;

Please fill in the table below carefully in order to determine the degree of benefit from the knowledge, skills, trainings and the qualities of the relationships and behaviours of the student who has completed the internship period at the workplace.

EVALUATION				
	Very Good (4 points)	Good (3 points)	Medium (2 Points)	Weak (1 point)
Willingness to Learn				
Work discipline				
Compliance with occupational health and biosafety rules				
Tendency to team work				
Self-confidence				
Assigning Responsibility				
Ability to communicate				
Ability to solve problems				
Respect for workplace employees				
Meticulousness in work attendance				
The level of responding to criticism directed at him/her				
Complying with the rules of professional ethics				
Ability to use medical equipment and medical devices				
Compliance with workplace rules				
Overall evaluation				
1. Please write your criticisms and suggestions for the development of the trainee student.				
2. Would you consider working with this trainee after graduation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No.
3. Would you like to employ interns from our Faculty next year?			<input type="checkbox"/> Yes	<input type="checkbox"/> No.
Institution/workplace authority	Mission		Stamp/Signature	
	Name Surname			
	History			

NOTE: This form must be signed with a seal or stamp at the end of the internship and sent to Firat University Faculty of Veterinary Medicine Dean's Office-23119 ELAZIĞ with the phrase "CONFIDENTIAL" in a sealed envelope.