

ST. JOSEPH'S COLLEGE OF LAW, BENGALURU

(Affiliated to Karnataka State Law University)

Placement & Internship Cell

INTERNSHIP EVALUATION FORM

(To be completed by the Internship Supervisor)

We thank you for giving our student the opportunity to intern with your organisation / firm, and for accommodating the student as an intern in partial fulfilment of the course requirements. We request you to evaluate the intern by completing this form. Kindly treat the evaluation as confidential and return the completed form in a sealed envelope bearing the seal of your organisation, or email a scanned copy directly to the Placement & Internship Cell, St. Joseph's College of Law. Your evaluation will help us improve and strengthen this important part of our students' legal education.

SUPERVISOR INFORMATION		
NAME:		DESIGNATION:
NAME OF THE ORGANISATION:		PHONE NUMBER:
EMAIL ADDRESS:		
INTERNSHIP INFORMATION		
STUDENT'S NAME:		REGISTER NUMBER:
YEAR / SEMESTER:		AREA OF WORK / DEPARTMENT:
STARTING DATE (DD/MM/YYYY):	COMPLETION DATE (DD/MM/YYYY):	TOTAL NUMBER OF DAYS:

ABOUT THE INTERN						
1. Please evaluate the intern on each of the following by ticking (✓) the appropriate box.	Excellent	Very Good	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
a) Punctuality and regular attendance						
b) Professional conduct and behaviour						
c) Effective performance of assigned work						
d) Oral communication skills						
e) Written communication skills						
f) Legal research skills						
g) Ability to work with others						
h) Ability to adapt to a variety of tasks						
i) Decision-making and setting priorities						
j) Reliability and dependability						
k) Attention to accuracy and detail						
l) Willingness to seek help and guidance						
m) Quality of work						
n) Critical thinking and problem-solving skills						
o) Meeting deadlines						
p) Interest and enthusiasm shown during the internship						

2. Suggestions to the intern, if any:

3. Suggestions to the institution, if any:

4. Overall, how would you rate your experience with this intern?

☐ Excellent ☐ Very Good ☐ Satisfactory ☐ Needs Improvement ☐ Unsatisfactory

5. Would you consider this student for a future internship or employment opportunity?

☐ Yes ☐ No ☐ Maybe

SUPERVISOR'S SIGNATURE

DATE:

PLACE:

SEAL OF THE ORGANISATION