



**THE UNIVERSITY OF HONG KONG
DEPARTMENT OF MATHEMATICS**

Evaluation on Intern Students

Dear Employer/Supervisor,

Please complete an assessment for each of the internship student and return it by mail to Department of Mathematics, The University of Hong Kong, Hong Kong or by fax at (852) 2559 2225. Thank you.

Department of Mathematics

Name of Company/Organization: _____

Name of Student: _____

Internship Period: _____ (Total no. of working hours: _____)

Employer's/Supervisor's Assessment

1. Please describe briefly the nature of the work undertaken by the student during the internship:

2. Please assess the performance of the intern student by checking the most appropriate box for each item listed.

Knowledge of discipline	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Work effectiveness	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Attitude	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Communication skills	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Reliability	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Motivation	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Team worker	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Willingness to learn	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

3. Please circle the grade you would give the student for his/her overall performance during the internship.

A+ A A- B+ B B- C+ C C- F

4. Suggestions for the student:

Name of Assessor: _____ Signature: _____

Position in Company/Organization: _____

Contact Number: _____ Email: _____

Date: _____