

Form IV: Assessment form (PPE internship)

Internship mentor (at the organization): please fill out this form and return it to the academic advisor (at the VU).

General information	
Name student:	Student number:
Name and location internship organization:	
Name academic advisor (at the VU):	
Name internship mentor (at the organization):	
Starting date internship:	
Finishing date internship:	

Aspects					
Overall contribution of the intern to the organization. <u>Brief explanation:</u>	very good <input type="checkbox"/>	good <input type="checkbox"/>	amply suffic. <input type="checkbox"/>	sufficient <input type="checkbox"/>	insufficient <input type="checkbox"/>
Performance of the student at the internship. <u>Brief explanation:</u>	very good <input type="checkbox"/>	good <input type="checkbox"/>	amply suffic. <input type="checkbox"/>	sufficient <input type="checkbox"/>	insufficient <input type="checkbox"/>
Quality of knowledge and skills of the student. <u>Brief explanation:</u>	very good <input type="checkbox"/>	good <input type="checkbox"/>	amply suffic. <input type="checkbox"/>	sufficient <input type="checkbox"/>	insufficient <input type="checkbox"/>
Quality of interaction with the student. <u>Brief explanation:</u>	very good <input type="checkbox"/>	good <input type="checkbox"/>	amply suffic. <input type="checkbox"/>	sufficient <input type="checkbox"/>	insufficient <input type="checkbox"/>
Quality of interaction with the academic advisor of the VU. <u>Brief explanation:</u>	very good <input type="checkbox"/>	good <input type="checkbox"/>	amply suffic. <input type="checkbox"/>	sufficient <input type="checkbox"/>	insufficient <input type="checkbox"/>

Remarks

Internship mentor
Signature:

Date:

Seen by academic advisor
Signature:

Date: