



ISTANBUL BEYKENT UNIVERSITY
FACULTY of HEALTH SCIENCES

HOST INSTITUTION SUPERVISOR'S ASSESSMENT REPORT

Dear Authorised Person,

You are kindly requested to fill in this form to assess the internship performance of the student(s) who are about to complete their internship in your institution. Our final assessment will be based on your remarks. Please put the form in a sealed envelope and send it to Istanbul Beykent University's Faculty of Health Sciences.

Full Name and Student Number	
Department and Grade	

Business/Institution Name and Title	
Branch and Department the Student Worked in	
Internship Start and End Dates	
Number of Days Worked	

	Very Poor	Poor	Medium	Good	Very Good	REMARKS
Attendance	O	O	O	O	O	
Starting Work on Time	O	O	O	O	O	
Interest in the Job	O	O	O	O	O	
Professional Knowledge and Skills	O	O	O	O	O	
Device/Material Using Skills	O	O	O	O	O	
Comprehension and Application Skills	O	O	O	O	O	
Quality of Finished Work	O	O	O	O	O	
Punctuality	O	O	O	O	O	
Rapid Problem Solving	O	O	O	O	O	
Responsibility	O	O	O	O	O	
Willingness for Self-Development	O	O	O	O	O	
Communication	O	O	O	O	O	
Teamwork	O	O	O	O	O	
Leadership Qualities	O	O	O	O	O	
Sectoral Suitability	O	O	O	O	O	
Chance of Employment	O	O	O	O	O	
OVERALL ASSESSMENT	O	O	O	O	O	

Strengths	
Weaknesses	
Additional Remarks	

Host Institution Supervisor	
Full Name – Position/Title	Signature – Stamp – Date