



**BIR SUMMER INTERNSHIP PROGRAM
FINAL EVALUATION FORM
(For organization)**

Explanation

1. This is *the final evaluation form* to be completed by the intern's supervisor to assess the intern's performance during the whole period the internship.
2. This evaluation form consists of 19 questions. Please answer all of them.
3. Please keep this evaluation form as confidential document. Please do not reveal this to the intern.
4. Please return the completed evaluation form to the BIR Program via Email:



bir@tu.ac.th by July 27, 2025, or evaluate via the [Google Form](#) as attached QR Code

Name of the Intern: _____

Name of the Supervisor: _____ Position: _____

Organization Name and Address _____

Please give a brief summary of the internship and intern's responsibilities:

Evaluation of **personal and professional qualities** of the intern observed during the internship. Select **one** evaluation level for each area by marking an “X” under that level that represents the intern’s performance.

TOPICS	5	4	3	2	1
	Excellent	Good	Average	Below Average	Poor
Personality					
1. Ambition					
2. Accountability					
3. Reliability (being dependable and trustworthy)					
4. Teamwork (ability to work with others)					
5. Flexibility (ability to adapt to changing situations and priorities)					
6. Creativity (ability to think outside the box and come up with innovative solutions)					
7. Emotional Intelligence					
8. Cultural Awareness					
Skills and Knowledge					
9. Analytical Skills (ability to break down problems and find solutions)					
10. Communication Skills (ability to express oneself clearly and effectively)					
11. Organizational Skills (ability to plan, organize, and manage tasks effectively)					

TOPICS	5	4	3	2	1
	Excellent	Good	Average	Below Average	Poor
12. Problem-Solving Skills (ability to identify and resolve issues effectively)					
13. Time Management Skills (ability to prioritize tasks and use time effectively)					
14. Languages (Oral Skills)					
15. Languages (Written Skills)					
<i>16. Academic Knowledge Applied</i>					

17. Strengths of the Intern:

18. Weaknesses of the Intern:

19. Other Comments:

Please comment on the following:

1. Preferred Qualification of an Intern

2. Requirement of Internship (Next Year)

☐

YES

Number of students: _____

☐

NO

Reason: _____

Internship Supervisor's Signature_____

(.....)

Date: _____