インターンシップ評価表(英語版)Assessment Form

To v	whom	it	may	concern
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This form is used to assess the performance of the student named below. Whenever possible, it should be filled out by the student's direct superior. The comments written here will result in the student receiving or not receiving credit for their time. As such, we ask you to answer the questions honestly and in as much detail as possible. Thank you for your time.

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Faculty	Department of English Faculty of Foreign Languages Daito Bunka University			ages S	Student Name				
Daito E	Sunka	Univ	versity						
Your Name									
Addre	ss								
Phone					FAX	<u> </u>			
Title					Nam	e			
l. Work l	Hours								
Term of Work					То				
Days Worked		days	Absent	days	Arrive Late		times	Leave Early	times
Total hours									
2. Work	Conter	nt(Wh	at did the	individual :	actually o	lo at yo	our con	npanu?)	

3. Overall Assessment

	Very satisfactory	Satisfactory	Well	Discontent
On the whole	1	2	3	4

4. Comments about Performance
(How was the individual's performance? What was good? What needed to be improved?)
Date
Signature