

			Annexu	re 2
Feedback Form by Industry expert				
Student Name:		Date:		
Work Supervisor:		Title:		
Company/Organization:				
Enrollment No:				
Internship Address:				
Dates of Internship: From	to			
Please evaluate your intern by indicating the frequency	y with which you	observed the fo	llowing behavio	ors:
Parameters	Needs improvement	Satisfactory	Good	Excellent

	improvement	Suisietory	Good	LACCHOIR
Shows interest in work and his/her initiatives				
Produces high quality work and accepts responsibility				
Uses technical knowledge and expertise				
Analyzes problems effectively				
Communicates well and writes effectively				

Overall performance of student intern: (Needs improvement/ Satisfactory/Good/Excellent):

Additional comments, if any:

Signature of Industry person with name and Stamp:

Signature of the Faculty Mentor