



**ICCT COLLEGES FOUNDATION, INC**

V.V Soliven Avenue, Cainta, Rizal  
www.icct.edu.ph

**INTERNSHIP (SIP) PERFORMANCE EVALUATION FORM**

School ID No.:	Academic Period:	Academic Year:	Course & Major:	
Name (LN, FN, MN):		SIP Hours Required:	SIP Date Started:	SIP Date Ended:

HOST TRAINING ESTABLISHMENT / ORGANIZATION / COMPANY / SCHOOL		
Company / Organization / School Name:		Address:
Mentor / Supervisor:	Designation:	Contact Number:

INSTRUCTION: Please indicate the rating per factor by choosing from the range of grades indicated in the column heading.

PERFORMANCE EVALUATION						
	Below Average	Satisfactory	Average	Above Average	Superior	Excellent
FACTORS / CRITERIA	75 - 79	80 - 83	84 - 87	88 - 91	92 - 95	96 - 100
<b>PERFORMANCE</b>						
Dependability						
Initiative						
Follow Through on Tasks						
Adaptability						
Ability To Work with Others						
Speed and Tasks Completion						
Time Management						
<b>LEARNING OBJECTIVES</b>						
Skills						
Knowledge						
<b>ATTITUDE TOWARD</b>						
HTE/Organization/Company						
Mentor/Supervisor						
Staff / Personnel						
Tasks / Work Assigned						
Costumers/Clients						
School						

How well do you think this student is suited for the type of work that he/she performed during the internship? <input type="checkbox"/> Very well suited <input type="checkbox"/> Quite well suited <input type="checkbox"/> Moderately suited <input type="checkbox"/> Somewhat well suited <input type="checkbox"/> Not well suited	MENTOR / SUPERVISOR	
	_____ (Signature Over Printed Name)                      (Date)	
If you were in the position to do so, would you hire him/her for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		

**IMPORTANT:** Kindly entrust to the bearer in a **SEALED** envelope. Inadmissible if **NOT PLACE** in a **SEALED** envelope.