



☐ Final

Name of Supervisor: _____

(Please tick where appropriate.)

[illegible]

Part B: Comments and Suggestions

1. Most valuable feature(s) of the Internship:

2. Difficulties encountered during the Internship:

3. Support from the Faculty / Supervisor during the Internship:

4. Suitability of the Project / Community Partner to the Internship (Only applicable in the Final Evaluation):

5. Any other comments:

Signature of Student: _____ Date: _____

Please return the completed form to the corresponding Academic Tutor.