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|  | **TKM College of Engineering, Kollam**  **SELF EVALUATION BY INTERN**  ***IQAC Feedback form*** |

This questionnaire is designed to formalize feedback from students who attended internship to know about the internship experience. This information will be used to recommend students to the most appropriate opportunities for future internships and to identify the areas that can be improved upon.

*Sr. Advisor to ensure this form is submitted by all students who completed the internship*

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| **Name** |  |
| Register Number (University Reg. no.) |  |
| Status of internship | Offline/Online |
| Term of internship |  |
| Name of the company offered internship |  |
| Supervisor (s): |  |
| Describe your position and/or duties |  |

7. Provide your rating on the following questions

(*5 =strongly agree and 1=strongly disagree)*

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|  |  | | | 1 | 2 | 3 | 4 | 5 |
| i | Has this internship been valuable to you? | | |  |  |  |  |  |
| ii | Has this internship assignment fulfilled your expectations? | | |  |  |  |  |  |
| iii | Has the work content of this internship been challenging? | | |  |  |  |  |  |
| iv | Has this internship aided in clarifying your career interests and professional objectives? | | |  |  |  |  |  |
| v | Would you recommend the Internship program to another student? | | |  |  |  |  |  |
| vi | Overall Rating of your internship | | |  |  |  |  |  |

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| 8 | What was the best part of your internship experience?  *(ie Changes you got after this experience/ New attitudes/ knowledge/Skills Etc..)* |
| 9 | How could this internship be improved upon? |
| 10 | Arrange the following according to importance from 1 to 3 (3 being the highest)  Academic Credit Experience Contacts |
| 11 | New Software/ Language/ Tools you used during internship |
| 12 | Your suggestion about initiatives to be adopted by college for the improvement of internship |

Frequency of this survey : On Completion of internship by each student

Responsibility : Sr. Advisor

Reporting : DQAC