

Tunghai University Student Off-campus Internship Institution Evaluation Form

Dear User,

Please read the instructions carefully before completing the form to ensure its completeness. This form is not a sample document and must follow the unified standard format across the university. Departments are not permitted to modify it. We apologize for any inconvenience and appreciate your understanding.

Best regards,
Center for Internships and Student Achievement, Academic Affairs Office

Instructions:

- I. Submission Timing: This form must be completed before students sign the contract.
- II. Submission Frequency: **Once per semester, with each department as the unit.**
 - i. For first-time collaboration with an internship institution, an on-site evaluation must be conducted before the internship. For overseas institutions, alumni may conduct the evaluation.
 - ii. **For long-term partner organizations, it is recommended to conduct an on-site evaluation annually, or to assess the site for the next internship cycle during the faculty advisor's visit in the previous semester.**
- III. Evaluation Process:
The responsibility for filling out this form is assigned as follows:
 - i. If developed by a department: The entire form must be completed by the department faculty or designated personnel.
 - ii. If developed by the Internship Center:
 - Part 1: Evaluated by relevant personnel from the Internship Center.
 - Part 2: Evaluated by department personnel to assess professional alignment before the final evaluation. The department retains the final authority to modify the complete evaluation form.
 - For cases not covered above, responsibilities can be coordinated among relevant units.
- IV. **Organization system search fields: Please search and verify on the platform before checking:**
<https://iss.yuntech.edu.tw/>
- V. Fields marked with "*" are optional and can be filled in as applicable, while all other fields are mandatory.
- VI. Form Storage Method: Each evaluation unit must upload the completed form to the following folder in tDrive:
E-1. [Updated Every Semester] - Internship Institution Basic Information and Evaluation Form

Version	Document ID	Modified By	Summary of Changes	Effective Date
-	ISF2306(01)-E01	Hsin cih,Guo	Redesigned entire form based on Ministry of Education regulations	2024/06/23
v.01	ISF2306(02)-E01	Hsin cih,Guo	Added regulations on form-filling responsibilities between the Internship Center and departments	2025/02/17
v.02	ISF2306(03)-E01	Mei Hsiang, Chen	Added columns to the internship organization system search results.	2025/11/21
v.03	ISF2306(04)-E01	Mei Hsiang, Chen	Adjusted the columns of the internship organization system search results and the form layout.	2025/12/24

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Evaluation Form

Part 1: General Internship Information

Company's Name	☐ Headquarters/ ☐ Branch: _____		
Company Tax			
Person in Charge			
Internship Description	(Brief Description)	Required Expertise	
Company's Address			
Contact Person			
Contact Information	Phone: _____	/Email : _____	/Other: _____

Part 2: Employment Conditions (e.g., contract, working hours, overtime pay)

Rights and Protections	Contract Agreement	☐ Yes ☐ No (If no, cooperation is not possible)		
	Working Hours	Per week: _____ hours	Overtime	Daily: _____ hours / Weekly: _____ hours ☐ No overtime required
	Shift Conditions*	☐ Scheduled shifts: _____ ☐ other : _____ ☐ None	Overtime Pay*	☐ Overtime compensation ☐ Compensatory leave ☐ None
	Insurance	☐ Labor Insurance ☐ Health Insurance ☐ Employee Retirement Insurance ☐ Group Insurance ☐ Others: _____		
	Salary Please meet the basic salary standard or above	Employment-Integrated Internship ☐ Monthly salary _____ dollar ☐ Daily salary _____ dollar ☐ Hourly salary _____ dollar		Learning-Oriented Internship ☐ Scholarship ☐ Allowance ☐ None
	Organization System Search (https://ithu.tw/issmoe)	☐ Search in the Ministry of Education Internship Organization System completed; confirmed that the organization meets the assessment criteria for internship cooperation. ☐ Search in the Ministry of Education Internship Organization System completed; the organization does not meet the assessment criteria. Explanation: _____ ☐ An overseas organization; its legal status and compliance with local laws have been confirmed through alternative verification methods.		
Available Benefits	Transportation*	☐ Self-arranged ☐ Company transport ☐ Other: _____		
	Meal	☐ Y ☐ N	Accommodation*	☐ Y ☐ N
	Leave*	☐ Monthly leave _____ days , ☐ work in shifts , ☐ fixed weekly leave ☐ Others: _____		
	Bonus *	☐ Performance ☐ Year-end ☐ Other allowance Description: _____		

Part 3: Internship Job Evaluation (Rating: 5 = Excellent, 1 = Very Poor)

General	Workload (per day) (≤ 8 hours)	(≤ 8 hours)	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1	(More than 8 hours)
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Assessment	Internship Environment Safety	(Low risk) ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (High risk)
	Occupational Safety & Health Measures	(Well-established) ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Lacking measures)
	Training on Equipment & Processes	(Comprehensive) ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Inadequate)
Internship Training Content	Training Plan Completeness	(Perfect) ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Very incomplete)
	Cooperation Philosophy	(Aligned) ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Not aligned)
	Relevance to Department Specialization	(Highly relevant) ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Not relevant)
Total Score (Max : 35 points) : _____		A minimum score of 28 is required for internship recommendation.
Part 4: Additional Remarks* : (Please ensure that the internship opportunity is provided according to the contract period and is not terminated mid-term due to operational reasons, which may disrupt students' internships.)		
Evaluation Result	☐ Recommended for Internship ☐ Not Recommended	

Evaluation Unit : ☐ Internship Center 、 Department: _____

Evaluation Person sign & Date : ☐ Internship Center (if applicable): Name _____ Date : ____ / ____ / ____

Department: : _Name_ Date : ____ / ____ / ____

Is this the first evaluation?

☐Y ☐ N, the initial evaluation was established in _____ and this is a long-term collaborating institution.