Tunghai University
Student Off-campus Internship **On-campus Counselor** Visit Record and Evaluation Form (Example)

Department		Student number	
Name of intern			
Internship evaluation period	From [MM/DD/YY] to [MM/DD/YY]		
Designated Entity for Off-Campus Internship			
Internship location (address)			

Visitation record (Date filled out: Year Month Day)	
Visitation method	☐ Field visit ☐ Internet contact ☐ Telephone contact ☐ Other: _____

Item		A+	A	B	C	C-
Institution	The internship's content corresponds to that outlined in the proposal.					
	The internship workload is consistent with that of the contract.					
	Internship location/equipment safety					
	The counselor's enthusiasm for education					
Intern	Level of familiarity with the internship's content					
	Competence in Internship Performance					
	Internship attitude and spirit					
	Interpersonal Interaction with Colleagues					
	Interpersonal Interaction with Supervisor					

Student feedback:

Comprehensive evaluation:

(Please add necessary information if the form is not compliant.)

Internship effectiveness assessment					
Learning performance assessment			Internship report assessment		
Evaluation item	Allotment	Score	Evaluation item	Allotment	Score
Learning results and benefits	15%		Report structure and arrangement	10%	
Attitude and ideology when dealing with situations	15%		Professionalism and depth of content	10%	
Learning enthusiasm	15%		Sharing of learning experiences and recommendations	10%	
Daily contact and interaction	15%		Oral report	10%	
Subtotal (1)	60%		Subtotal (2)	40%	
Internship teacher's score (1) + (2)					
Comment for the student					
Suggestions for future internship courses					

Signature of the internship counselor_____, [MM/DD/YY]

Explanation：I. Delivery sequence: student/system → internship counselor → The teacher completes and temporarily stores and prints the visitation record.