**INTERN PERFORMANCE ASSESSMENT**
*(TO BE FILLED BY THE EMPLOYER)*

**Student’s name:** __________________________   **Student ID Number:** ____________

**Company:** __________________________   **Internship Period:** __________________________

**Internship Supervisor:** __________________________   **Job title:** __________________________

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1. **Excellent:** productivity significantly higher than required expectations.
2. **Very good:** productivity higher than required expectations.
3. **Satisfactory:** productivity meeting required expectations.
4. **Fair only:** productivity hardly meeting required expectations.
5. **Mediocre:** productivity not meeting required expectations at all.
6. **Not applicable.**

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<tr>
<th>Assessment Criteria</th>
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<th>6</th>
<th>Comments</th>
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<td>Quality of texts</td>
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<td>Respect of deadlines</td>
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<td>Quality of research (relevance of sources, appropriate choices, proper consultation, etc.)</td>
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<td>Theoretical and practical knowledge</td>
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<td>Ability to work with computers, tech-savvy</td>
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<td>Ability to undertake task-inherent responsibilities</td>
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<td>Ability to work with team members</td>
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<td>Sense of initiative</td>
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<td>Show proper initiative in planning and execution of work</td>
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<td>Deductive and analytical skills, good problem solving</td>
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GLOBAL APPRECIATION OF INTERN

☐ Excellent  ☐ Very good  ☐ Satisfactory  ☐ Fair only  ☐ Mediocre

STRENGTHS

______________________________________________________________________

______________________________________________________________________

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______________________________________________________________________

DEVELOPMENT NEEDS

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

THIS ASSESSMENT HAS BEEN DISCUSSED WITH THE INTERN  ☐ YES  ☐ NO

Signature ___________________________  Date: ___________________________

Would you accept this intern again?  ☐ yes  ☐ no  ☐ to be determined  ☐ not applicable

We thank you for your precious contribution to the Université de Montréal Linguistics and Translation Department Internship Curriculum.

For any questions, please contact Dominique Bohbot, Head of Professional Training, at 514 343-6368 or by email at dominique.bohbot@umontreal.ca

DB | August 2016