

**HALIÇ UNIVERSITY**  
**INSTITUTE OF GRADUATE EDUCATION**  
..... DEPARTMENT  
..... MA / MSc PROGRAM  
**INTERN PERFORMANCE EVALUATION FORM**

...../...../.....

**Evaluated by** :  
**Institution Name** :  
**Name and Title of the Authorized Person** :  
**Name-Surname of the Student** :  
**Internship Start Date** :  
**Internship End Date** :

| <b>Evaluation Ratings</b>                         | <b>Very Good</b> | <b>Good</b> | <b>Average</b> | <b>Insufficient</b> |
|---|------------------|-------------|----------------|---------------------|
| <b>Psychology</b>                                 |                  |             |                |                     |
| <b>Motivation</b>                                 |                  |             |                |                     |
| <b>Ability to Apply Knowledge</b>                 |                  |             |                |                     |
| <b>Use of Initiatives</b>                         |                  |             |                |                     |
| <b>Qualification of Works Done</b>                |                  |             |                |                     |
| <b>Following the Rules / Appropriate Behavior</b> |                  |             |                |                     |
| <b>Responsibility</b>                             |                  |             |                |                     |
| <b>Interpersonal Relations</b>                    |                  |             |                |                     |

**Please evaluate the student's performance in your institution.**

**Passed**

**Failed**

**Other things you want to add:**

**Head of the Department**

**Signature**

**Authorized Person in Institution**

**Signature**