Please return a scanned signed copy of this form to:

**INTERNATIONAL OFFICE** - **ESALQ/USP**
e-mail: international.esalq@usp.br

Subject e-mail: name of student – Evaluation Form

EVALUATION FORM

1. **General Information**

NAME OF THE STUDENT:

LABORATORY:

Address:

* TITLE OF THE RESEARCH PROJECT

Co-Master Name:
Occupation:

**Working period of the student:**

* TITLE OF THE RESEARCH PROJECT

Co-Master Name:
Occupation:

**Working period of the student:**

TITLE OF THE RESEARCH PROJECT

Co-Master Name:
Occupation:

**Working period of the student:**

**Total internship hours:**

**2. Student Evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| Poor | Medium | Good | Excellent |

Abstraction capability \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Critical mind \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Behaviour in group, human relations \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Ability to communicate \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Practical aptitude, organizing his/her work \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Autonomy, initiative \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Punctuality, regularity \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Overall assessment \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

**How do you place this student with respect to your other students?**

Second half

First half

First quarter

**3. Report evaluation**

-Did the student submit his/her draft to you? Yes \_\_\_ No\_\_\_

-If yes, what is your opinion of it?

**4. Specific comments**

**Date and Signature**

**Full Name:**

**Position:**

**Institution/University:**

**e-mail:**