

**THE UNITED REPUBLIC OF TANZANIA  
ICT COMMISSION**



**INTERN'S EVALUATION FORM OF THE INTERNSHIP PROGRAM**

*This evaluation is confidential to be filled by the Intern after completion of the internship programme and returned to the ICT Commission*

Intern's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Host institution's Name \_\_\_\_\_

Mentor's Name: \_\_\_\_\_

Please rate the following aspects of your Internship placement on the basis of this scale:

A: **Excellent**    B: **Very Good**    C: **Good**    D: **Average**    E: **Poor**

Please put an "X" under the ranking that represents the internship.

No.		A	B	C	D	E
1.	Work experience relates to my area of study					
2.	Adequacy of employer supervision					
3.	Helpfulness of supervisor					
4.	Opportunity to use my academic knowledge					
5.	Opportunity to develop my human relations skills					
6.	Provided levels of responsibility consistent with my ability and growth					
7.	Opportunity to develop communication skills					
8.	Opportunity to develop my creativity					
9.	Cooperativeness of fellow workers					
10.	Opportunity to problem solve					
11.	Opportunity to develop critical thinking skills					
12.	Provided orientation to the organization					
13.	Attempt to offer feedback on my progress and abilities					
14.	Effort to make it a learning experience for me					
15.	Gave me a realistic preview of my field of interest					
16.	Adequate training					
17.	I feel I am better prepared to enter the world of work after this experience					
18.	I felt I was productive for the department					
<b>Through this internship I had the opportunity to use and develop my:</b>						

19.	Interpersonal/human relation skills					
20.	Oral communication/presentation skills					
21.	Creativity					
22.	Problem solving abilities					
23.	Critical thinking skills					
24.	Writing skills					
<b>My Internship experience:</b>						
25.	Confirmed my interest in a career in this line of work					
26.	Has made me decide to pursue a different career path					
27.	Overall Internship experience					

**Any comments or recommendations that may improve the internship program management**

Would you work for this organization/company again? Yes  No  Uncertain

Would you recommend this agency to other students? Yes  No  Uncertain

If No/Uncertain in any of the questions above please tell us why? .....

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**Intern's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you very much for completing this evaluation of your internship. We take your comments very seriously. Please return this evaluation to the ICT Commission via [info@ictc.go.tz](mailto:info@ictc.go.tz).