(From Supervisor of Internship)

Long-Term Internship Program*（Jitsumu-Kunren）*

Evaluation Sheet

|  |  |  |
| --- | --- | --- |
| Supervisor | Institution |  |
| Division |  |
| Name |  |
| Signature |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s Department | |  | Student’s Name |  |
| Date | |  | | |
| Period | | ~ | | |
| Evaluation | Health Condition | good / poor | | |
| Attendance | Attended days Absent days | | |
| Attitude and Ability | Activity / Effort / Communication / Sense of Responsibility / Etcetera | | |
| Physical Strength | good / poor | | |
| Other  (Requests and Contacts) |  | | |