



**FOUNDATION UNIVERSITY ISLAMABAD,  
RAWALPINDI CAMPUS  
FACULTY OF MANAGEMENT SCIENCES**

**Employer Feedback Form** (This form is to be completed by the employer)

Name of Internee \_\_\_\_\_  
 Position/ Department \_\_\_\_\_ Degree \_\_\_\_\_  
 Evaluation Period (term of employment/internship): from \_\_\_\_\_ to \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Name of Company/Business/Organization \_\_\_\_\_  
 Email Address of Supervisor: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

*Please use this form to provide your feedback on the characteristics the employee demonstrated while employed at your worksite. For each characteristic listed below, rate the employee's performance on a scale of 1 to 5, with 1 being unacceptable, and 5 being exceptional.*

**Was this a paid or unpaid internship? (Tick one)**

Employee Characteristics	Unacceptable 1	Needs Improvement 2	Average 3	Above Average 4	Exceptional 5	Not Applicable N/A
<b>Dependability</b>						
<b>Attendance</b>						
<b>Completion of projects</b>						
<b>Quality of work</b>						
<b>Ability to communicate—oral</b>						
<b>Ability to communicate—written</b>						
<b>Courtesy with staff and customers/clients</b>						
<b>Ability to work on a team</b>						
<b>Cooperation and willingness to follow</b>						
<b>Safety awareness and procedures</b>						
<b>Problem-solving skills</b>						
<b>Use of good judgment</b>						
<b>Appropriate dress and appearance for work</b>						
<b>Initiative/self-direction</b>						
<b>Motivation</b>						
<b>Ability to accept criticism</b>						
<b>Work ethic</b>						
<b>Use of technology</b>						
<b>Skills related to this worksite</b>						
<b>Comments (If any)</b>						

Employer's Signature & Stamp \_\_\_\_\_ Date: \_\_\_\_\_