

ADVERTISING INTERNSHIP EVALUATION FORM

STUDENT NAME : STUDENT ID :

SUPERVISOR NAME : DESIGNATION :

ORGANIZATION : INTERNSHIP PERIOD :

PART 1 : JOB PERFORMANCE

Fill on related area

CREATIVE (Idea/Concept/copywriting)

EVENT & PROMOTION

MEDIA (Planning & Buying)

MARKETING RESEARCH

CLIENT SERVICING

WRITING (Report/Proposal/Job Req./Brief/)

PRODUCTION (TVC/Radio Ad/Jingles)

OTHERS

PART 2 : INTERN'S ABILITY

POOR MARGINAL SATISFACTORY VERY GOOD EXCELLENT

Please tick ONE

COMMUNICATION SKILLS

1 2 3 4 5

Job performance: according to the department excellent					
Provide accurate, complete and persuasive written communication					
Communicates effectively with team members and supervisors (interpersonal & team)					
Articulates another viewpoints through verbal and non-verbal cues					
Job performance: according to the department excellent					

CREATIVE THINKING

1 2 3 4 5

Uses problem solving techniques					
Uses critical thinking to produce comprehensive supported conclusions					
Uses creative thinking methods to produce ideas					
Develop several workable solutions					
Demonstrates continuous learning					

LEADERSHIP DEVELOPMENT & ETHIC

1 2 3 4 5

Accept responsibility for one's own action					
Open minded to other views and values					
Demonstrates effective team skills					
Manage time and task					
Always punctual					

PART 3 : SUGGESTION

Please tick ONE

1. In your opinion, what do you consider to be this student's greatest strength?

2. Which area do you think this student need improvement?

3. What suggestion could you provide to help this student develop professionally?

4. What is your suggestion for us to produce a quality and productive student to be served in the industry requirement?

Thank You for your supporting efforts in helping us to achieve our educational mission and serve the profession.

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Supervisor signature
Date:

Complete form should be forwarded in a sealed envelope to the Advertising Program Coordinator.