



FINAL EVALUATION - HOST

PART 1: HOST ORGANIZATION

PLEASE PROVIDE THE FOLLOWING DETAILS.

Host Organization Name			
Position Supervisor:			
Host Supervisor(s) Name:			
Intern Name:			
Internship Period:	From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE INTERN'S DUTIES AND RESPONSIBILITIES.

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WHAT SUPPORT (I.E: ORIENTATION, MENTORING ETC.) DID YOUR ORGANIZATION PROVIDED TO THE INTERN?

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WHAT CHALLENGES/ISSUES DID YOU ENCOUNTERED AS A HOST ORGANIZATION PARTICIPATING IN THE ASIIA PROGRAM? WHAT STEPS DID YOU TAKE TO RESOLVE THESE CHALLENGES OR ISSUES?

INTERN PERFORMANCE

PLEASE ASSESS THE INTERN IN EACH OF THE FOLLOWING AREAS BY SELECTING WHICH BEST DESCRIBES HIS/HER PERFORMANCE.

IF THE QUESTION IS NOT APPLICABLE, PLEASE PUT "N/A".

Enthusiastic and demonstrated a high interest in their work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Strongly disagree	2	3	4	5 = Strongly agree	N/A
Meet your expectations for professionalism (attendance, punctuality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Strongly disagree	2	3	4	5 = Strongly agree	N/A
Showed initiative by asking for new tasks and work to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Strongly disagree	2	3	4	5 = Strongly agree	N/A
Demonstrated a willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Strongly disagree	2	3	4	5 = Strongly agree	N/A
Receptive to suggestions and criticisms received from peers and supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Strongly disagree	2	3	4	5 = Strongly agree	N/A

Worked harmoniously and productively with co-workers and clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Strongly disagree	2	3	4	5 = Strongly agree	N/A
Able to cope and adapt to changing conditions and challenges in the work environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Strongly disagree	2	3	4	5 = Strongly agree	N/A
Demonstrated sound judgment by making logical conclusions based on thorough analysis of problem(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Strongly disagree	2	3	4	5 = Strongly agree	N/A
Demonstrated ability to communicate ideas in writing and verbally in a clear, organized and understandable manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Strongly disagree	2	3	4	5 = Strongly agree	N/A
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1 = Poor	2	3	4	5 = Excellent	
Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1 = Poor	2	3	4	5 = Excellent	

PLEASE RATE IF THE SKILLSET OF THE INTERN WAS A GOOD MATCH FOR THE POSITION.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 = Strongly disagree	2	3	4	5 = Strongly agree

ANY FURTHER COMMENTS IN RELATION TO THE INTERN'S PERFORMANCE:

IF GIVEN THE OPPORTUNITY, WOULD YOU OFFER EMPLOYMENT TO THIS INTERN IN THE FUTURE?

Yes

No

PART B: PROGRAM EVALUATION

PLEASE RATE THE FOLLOWING ASPECTS OF YOUR EXPERIENCE WITH THE ASIIA PROGRAM COORDINATORS.

Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Troubleshooting issues and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT COULD WE DO TO ENHANCE THE EXPERIENCE OF HOST ORGANIZATIONS IN THE ASIIA PROGRAM?

WHAT COULD WE DO TO ENHANCE THE EXPERIENCE OF INTERNS IN THE ASIIA PROGRAM?

PART C: FINAL THOUGHTS

IF GIVEN THE OPPORTUNITY, WOULD YOU PARTICIPATE IN THE ASIIA PROGRAM AS A HOST ORGANIZATION AGAIN?

Yes

No

WOULD YOU RECOMMEND THE ASIIA PROGRAM TO OTHER ORGANIZATIONS? WHY OR WHY NOT?

PLEASE PROVIDE ANY FINAL INFORMATION/TIPS FOR OTHER HOST ORGANIZATIONS PARTICIPATING IN THE ASIIA PROGRAM.

THANK YOU

THANK YOU FOR TAKING THE TIME TO SHARE YOUR EXPERIENCE. YOUR OPINION IS IMPORTANT TO US AND WILL HELP ENHANCE THE ASIIA PROGRAM FOR HOST ORGANIZATIONS AND INTERNS.

Protection of Privacy - The personal information requested on this form is collected under the authority of the Sächsisches Staatsministerium für Wissenschaft und Kunst and under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of managing the consent for disclosure of personal information process. Parts A, B and C will be disclosed to your home institution and Government of Alberta as well as to the Saxon Ministry to help learn more about your experience in the ASiiA program and how to improve the delivery of the ASiiA program and services. Please direct any questions about this collection to the ASiiA coordinator at your home university.

By checking this box, I authorize the disclosure of my personal information in accordance with the specifications detailed above.

Full Name:

Date (mm/dd/yyyy):