

## **Internship Questionnaire - Employer Feedback**

Thank you for supporting our programme by offering the internship. It represents an important part of our students' professional training. This questionnaire is for obtaining feedback from the employer on the student's performance during internship. The feedback collected will contribute to the assessment of the student concerned. All personal information will be kept strictly confidential.

	Company &	divis	ion name:							_	
	Size of the company/division: [ ] <10 staff [ ] <50 staff [ ] $\leq$ 200 staff [ ] >200 staff										
	Business nature:	[	] IT development [ ] Banking & Finance [ ] Government								
		[	] Research & Development [ ] Telecommunication				[ ] Utilities				
		[	] Consultant	[	] Others, please specify						
	Student nam	ne:			Period of internship:		to	D			
	Student's responsibilities:										
			performance of the student: applicable, SD = Strongly disagr	-	se tick the appropriate box) = Disagree, <b>N</b> = Neutral, <b>A</b> = Agree	, SA =	Strong	ly Agre	ee)		
Q	uestions					NA	SD	D	N	Α	SA
1. The student demonstrated the ability to design, implement, and evaluate a											
	computer-based system, process, component, or programme to meet desired needs.										
2.	The student	perfo	rmed his/her function effectiv	ely in	teams.						
3.	The student demonstrated the ability to analyze a problem, and identify and define the computing requirements appropriate to its solution.										
	<ul> <li>The student was able to understand professional, social, legal and ethical responsibilities.</li> </ul>										
5.	The student	was a	able to communicate effectivel	y with	h a range of audiences.						
	societal cont	ext.	able to understand the impact								
	long learning				need for, and to engage in life-						
	internship.		onstrated an ability to put know	-	•						
9.			capable of using current techni ce with an understanding of the								
10.			mance of the student was sati								

## Other comments on the student's performance in this internship:

Name of supervisor: \_\_\_\_\_\_ Capacity: \_\_\_\_\_\_

Contact No.: \_\_\_\_\_ Email: \_\_\_\_\_

Signature:

You may return the completed questionnaire by one of the following ways :

35851012 By FAX to: •

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

By post to: School of Computing & Data Science, HKU, Pokfulam Road, Hong Kong (Attn: CS Internship Programme)

Mail a soft version to: <u>CDS.CSintern@hku.hk</u>