Development Weeks Internship Award Route A

**Post Internship Review**

Your name:

Name of the Internship Provider:

Date:

To assess the impact of the internship and to measure the distance travelled in terms of your personal and professional skills development before and after the internship experience, please complete the evaluation questionnaire below.

Please submit the completed assessment together with the other required evidence to [developmentweeks@qub.aqc.uk](mailto:developmentweeks@qub.aqc.uk)

***Before your Internship After your internship***

1. Team work    1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

1. Communication 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

1. Presentation  1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

1. Time management 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

1. Problem solving  1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

1. Analysing information  1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

1. Understanding work place cultures 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10
2. Self-confidence  1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10
3. Being pro-active     1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 910