

National Taipei University of Technology
Assessment form for Off-Campus Internship Opportunities,
Academic Year

I. General Internship Information					
Company name					
Scope of internship					
Required terms or expertise					
Shift	<input type="checkbox"/> Yes <input type="checkbox"/> No Shift hours: _____ Work ___ consecutive days, followed by ___ days off.	Department / institute			
Number of working hours	_____ Hours/Week	Accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Overtime	_____ Hours/Day _____ Hours/Week	Overtime pay or compensatory leave	<input type="checkbox"/> Overtime pay <input type="checkbox"/> Compensatory leave <input type="checkbox"/> None		
Labor insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Board	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Willingness to sign internship contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Contribution to labor pension account	<input type="checkbox"/> Yes <input type="checkbox"/> No				
II. Internship Assessment (From 1–5 points, ranging from <i>extremely bad</i> to <i>extremely good</i>) 5 : Very good ; 4 : Good ; 3 : Fair ; 2 : Poor ; 1 : Very poor					
Environment	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Safety	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Expertise	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Workload	(appropriate) <input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1 (excessive)
Training programs	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Cooperation	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
III. General Assessment (Brief description)					
<p>I would recommend this company for providing internships:</p> <p><input type="checkbox"/> 5 (Strongly agree) <input type="checkbox"/> 4 (Agree) <input type="checkbox"/> 3 (Moderately Agree) <input type="checkbox"/> 2 (Disagree) <input type="checkbox"/> 1 (Strongly disagree)</p>					

Note:

1. New off-campus internship providers shall request the supervisors of the departments/institutes to arrange visits from professional teachers. The teachers will greet new providers and evaluate their suitability for hosting interns in order to prevent students' maladaptation during internship after

reporting for duty.

2. Companies that require unusual load of over-time work and unable to pay interns for overtime work are advised to avoid participating in this off-campus internship project.
3. Off-campus internship providers who have been evaluated and recommended by departments/institutes and have hosted interns in the previous academic year do not require evaluation in the following academic year.
4. **Procedure for completing this form: Internship teacher-counselors (evaluation and visit) → Department chairs/institute directors → Original copy retained by departments/institutes → Duplicate sent to the Office of Research and Development.**

Department Chair / Institute Director:

(signature/seal)

Teacher paying visit:

(signature/seal)