



Questionnaire and assessment sheet for the internship

Dear Madam/Sir,

Thank you very much for offering an internship to one of our fifth semester students.

We would like to ask you to kindly support our course by providing some information relating to this internship. The information is part of the student's assessment, and it will also help us to improve our cooperation with external practices, companies and other potential future employers of our students.

1. Information about your practice / company

Kind of establishment: _____

Company owner: _____

Address: _____

Telephone number: _____

Email: _____

Supervisor: _____

2. Information about the intern student

Last name: _____ First name: _____

Date of birth: _____

3. Time of stay

From: _____ to: _____

Hours per week: _____

Total time of stay: _____

4. Have you ever employed university students for internships before?

Yes No If yes, how many?.....

5. How do you score the skills of your intern?
(0=N/A; 1= very good; 5=fail)

Retinoscopy	0	1	2	3	4	5
Subjective refraction	0	1	2	3	4	5
Binocular vision testing	0	1	2	3	4	5
Preliminary testing	0	1	2	3	4	5
Slit lamp examination	0	1	2	3	4	5
Ophthalmoscopy	0	1	2	3	4	5
Fitting of glasses	0	1	2	3	4	5
Contact lens fitting	0	1	2	3	4	5
Low Vision	0	1	2	3	4	5
Basic knowledge: Anatomy, physiology, pathology	0	1	2	3	4	5
General Optics knowledge	0	1	2	3	4	5
Computer knowledge	0	1	2	3	4	5
Special techniques of eye examinations	0	1	2	3	4	5

6. Are there any additional skills you would like a fifth semester student to have for an internship at your practice / company?

7. How do you score the personal and social skills of the student intern?
(0=N/A; 1= very good; 5=fail)

Reliability	0	1	2	3	4	5
Kindness	0	1	2	3	4	5

Ability to take criticism	0	1	2	3	4	5
Ability to work in a team	0	1	2	3	4	5
Independence	0	1	2	3	4	5
Punctuality	0	1	2	3	4	5

8. Is there anything else you would have expected from a student intern?

9. Did the student meet your expectations?

- Yes
 Largely
 Partial
 No

10. Would you be willing to take a student intern from our university again? (If yes, we would add your practice / company address to a list that future students can use when they apply for an internship)

- Yes
 No, because

11. We welcome any ideas and suggestions. They will help us to improve our optometry course and the collaboration with our partners (please, use separate sheets or overleaf if necessary):

Signature of the supervisor
(Stamp)

Thank you very much for your support!

Prof. Dr. Christian Kempgens (representative for internships)