



Internship Record Book

Faculty of Social Sciences

University of Kelaniya

Regulations on the Internship Programme

1. Undergraduates are encouraged to identify placement for an internship where the internship satisfies the stipulated requirements for the course unit by the Department of Social Statistics.
2. Interns are not allowed to leave the internship provider (organization) before the required time without a prior approval of the head of the Department.
3. Submission of fraudulent internship records shall lead to an extension of the internship period or re-commencement of an internship or/ and any other disciplinary action deemed necessary as decided by the Head of Department.
4. The results of the course unit will only be issued after the internship record books are submitted as specified.
5. Interns must adhere to conditions imposed by the provider organization during the internship.

Internship Programme Record

1. Full Name:

.....

2. Student's Number:

3. Address:

.....

.....

4. Date of Commencement of the Internship:

5. Date of Completion of the Internship:

6. No. of Days Covered:

7. Name of the Organization:

8. Name of the Supervisor:

9. Designation of the Supervisor:

10. Division/ Department:

11. Contact Details of the Supervisor:

Email -

Tel -

.....

Supervisor/

Authorized representative of the
Organization

Official Stamp

Head

Department:

University of Kelaniya

Internship weekly Record

Day	Details of the work done	Time spent (in hours)	Remarks
Day 01			
Day 02			
Day 03			
Day 04			
Day 05			

.....
 Supervisor/
 Authorized representative of the
 Organization

.....
 Internship Coordinator
 Department:
 University of Kelaniya

Internship weekly Record

Day	Details of the work done	Time spent (in hours)	Remarks
Day 06			
Day 07			
Day 08			
Day 09			
Day 10			

.....
 Supervisor/
 Authorized representative of the
 Organization

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 Internship Coordinator
 Department:
 University of Kelaniya

Internship weekly Record

Day	Details of the work done	Time spent (in hours)	Remarks
Day 11			
Day 12			
Day 13			
Day 14			
Day 15			

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 Supervisor/
 Authorized representative of the
 Organization

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 Internship Coordinator
 Department:
 University of Kelaniya

Internship weekly Record

Day	Details of the work done	Time spent (in hours)	Remarks
Day 16			
Day 17			
Day 18			
Day 19			
Day 20			

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 Supervisor/
 Authorized representative of the
 Organization

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 Internship Coordinator
 Department:
 University of Kelaniya

Internship weekly Record

Day	Details of the work done	Time spent (in hours)	Remarks
Day 21			
Day 22			
Day 23			
Day 24			
Day 25			

.....
 Supervisor/
 Authorized representative of the
 Organization

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 Internship Coordinator
 Department:
 University of Kelaniya

Internship weekly Record

Day	Details of the work done	Time spent (in hours)	Remarks
Day 26			
Day 27			
Day 28			
Day 29			
Day 30			

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 Supervisor/
 Authorized representative of the
 Organization

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 Internship Coordinator
 Department:
 University of Kelaniya

Internship weekly Record

Day	Details of the work done	Time spent (in hours)	Remarks
Day 31			
Day 32			
Day 33			
Day 34			
Day 35			

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 Supervisor/
 Authorized representative of the
 Organization

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 Internship Coordinator
 Department:
 University of Kelaniya

Internship weekly Record

Day	Details of the work done	Time spent (in hours)	Remarks
Day 36			
Day 37			
Day 38			
Day 39			
Day 40			

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 Supervisor/
 Authorized representative of the
 Organization

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 Internship Coordinator
 Department:
 University of Kelaniya

Internship weekly Record

Day	Details of the work done	Time spent (in hours)	Remarks
Day 41			
Day 42			
Day 43			
Day 44			
Day 45			

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 Supervisor/
 Authorized representative of the
 Organization

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 Internship Coordinator
 Department:
 University of Kelaniya

Internship weekly Record

Day	Details of the work done	Time spent (in hours)	Remarks
Day 46			
Day 47			
Day 48			
Day 49			
Day 50			

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 Supervisor/
 Authorized representative of the
 Organization

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 Internship Coordinator
 Department:
 University of Kelaniya

Internship weekly Record

Day	Details of the work done	Time spent (in hours)	Remarks
Day 51			
Day 52			
Day 53			
Day 54			
Day 55			

.....
 Supervisor/
 Authorized representative of the
 Organization

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 Internship Coordinator
 Department:
 University of Kelaniya

Internship weekly Record

Day	Details of the work done	Time spent (in hours)	Remarks
Day 56			
Day 57			
Day 58			
Day 59			
Day 60			

.....
 Supervisor/
 Authorized representative of the
 Organization

.....
 Internship Coordinator
 Department:
 University of Kelaniya

Supervisor's Evaluation Sheet

Evaluation of personal qualities of the intern observed during the internship by the allocated supervisor. Select **one** evaluation level for each area by marking an "X" under the level representing the intern's performance.

Knowledge, Skills & Competencies	Excellent	Good	Average	Poor	NA
Knowledge					
Resourcefulness					
Global Awareness					
Self-understanding					
Understanding Workplace					
Value Improving					
Self-quality control of work					
Soft Skills					
English language proficiency					
IT proficiency					
Oral communication					
Written communication					
Presentation skills					
Research skills					
Numerical skills					
Computing skills					
Evaluation skills					
Learning skills					
Analytical skills					
Explaining Skills					
Management skills					
Coordination skills					
Organizing skills					
Negotiation skills					
Ability to Perform Individually					
Dependability					
Honesty					
Diligence					
Risk assessment					
Risk management					
Time management					
Decision making					
Career planning					
Initiative					
Flexibility					
Energetic					
Passionate					
Emotional intelligence					

Ability to Perform in Groups					
Adaptability					
Leadership skills					
Teamwork ability					
Working with diversity					
Work ethics					
Overall Evaluation					

	Yes	No
Overall Evaluation		
1. Would your organization host this intern again?		
2. Would you recommend this intern to another organization?		

Comments (if/any)

Evaluator's Signature: _____

Evaluator's Name: _____

Date: _____

Title/Position: _____

Telephone: _____

Thank you very much for completing this evaluation of your intern. We take your comments very seriously.

Internal Examiners Evaluation Sheet
Final Evaluation

	Name of the Examiner	No. of Work Days	Report	Supervisor Evaluation Report	Marks Total
		25%	45%	30%	100%
1st					
2nd					

Internship Coordinator

Department:

Head of the Department

Department:

Information

Department:

Faculty of Social Sciences

University of Kelaniya

Tel:

e-mail: