【實習輔導教師填寫To be completed by the Internship Advisor】
【雙面列印Double-Sided Printing】

# 銘傳大學校外實習機構評估表

## Ming Chuan University Off-Campus Internship Organization Evaluation Form

| 一、實習概況**Internship Details** | | | 填表日期**Date**: 年 月 日 |
|---|---|---|---|
| 實習機構名稱<br>Name of Internship Organization | | 統一編號或立案登記字號**Tax ID Number** | |
| 實習機構地址<br>Address | | | |
| 實習內容<br>Internship Description | | | |
| 需求條件或專長<br>Skills Required | | | |
| 實習時間<br>Internship Hours | 每週_____時 hours per week | 提供勞工保險<br>Insurance | ■是Yes<br>□否No |
| 輪班<br>Shift work | □是Yes □否No<br>工作__時，做__休<br>Work____hours,work____days,rest for____days | 加班<br>Overtime | □是Yes □否No<br>每日/每週_____時<br>Daily / Weekly : _____ hours |
| 薪資<br>Wage | □無薪資No salary provided<br>□無薪資No salary provided，但提供實習津貼___元But internship allowance____ is provided.<br>□有薪資Yes，提供額度為___元The provided amount is ____ | | |
| 配合簽合約書<br>**Contract Available** | ■是 Yes □否 No | | |
| 是否曾有違反勞動法令或性騷擾防治規定而遭裁罰情形<br>Have there been any instances where the organization was penalized for violating labor laws or regulations on the prevention of sexual harassment? | 請至勞動部「違反勞動法令事業單位(雇主)查詢系統」及「重大職業災害公開網」查詢結果。<br>Please check the results on the Ministry of Labor's "Business Units (Employers) in Violation of Labor Laws Inquiry System" and the "Major Occupational Accidents Public Platform."<br>□是Yes (請謹慎思考是否進行實習合作Please carefully consider whether to proceed with internship collaboration)<br>□否No | | |
| 二、實習評估**Work Evaluation**（極佳Very Good-5；佳Good-4；可Fair-3；不佳Poor-2；極不佳Very Poor-1） | | | |

| | |
|---|---|
| 工作時間<br>Working Time | □5 □4 □3 □2 □1 |
| 工作環境<br>Environment | □5 □4 □3 □2 □1 |
| 工作安全性<br>Work Safety | □5 □4 □3 □2 □1 |
| 工作專業性<br>Professionalism | □5 □4 □3 □2 □1 |
| 體力負荷<br>Physical Loading | (負荷適合appropriate)□5 □4 □3 □2 □1(負荷太重too heavy) |
| 培訓計畫<br>Training Program | □5 □4 □3 □2 □1 |
| 合作意願<br>Willingness of Cooperation | □5 (strong) □4 □3 □2 □1 (weak) |
| 總 分**Total Scores** | _____分(評估總分須達28分方可推薦實習機構。)<br>**Total scores below 28 will be rated as not recommended.** |
| 三、補充說明**Remarks**: | |
| 四、評估結論**Conclusion** | □推薦合作**Recommend** □不推薦合作**Not Recommend** |
| 系所實習輔導教師<br>**Department Advisor** | 系所主管<br>**Director** |

說明:

1. 請務必逐項與實習機構確認實習合約書內容, 避免因公司營運因素而造成學生中斷實習之困擾。Please check every item listed on the Internship Contract to avoid inconvenient factors which will force internship to cease.
2. 異常超時工作且無法給加班費、無法簽訂實習合約者, 屬學期或學年課程無法提供勞健保、提撥勞退基金者, 曾有違反勞動法令或性騷擾防治規定而遭裁罰情形, 請謹慎評估是否進行實習合作。For cases of excessive overtime without overtime pay, inability to sign an internship agreement, semester or academic year programs unable to provide labor insurance, health insurance, or labor pension contributions, or past violations of labor laws or sexual harassment prevention regulations resulting in penalties, please carefully assess whether to proceed with the internship collaboration.
3. 本表經系所實習輔導教師初步評估後, 需再經系(所)、學位學程「校外實習輔導委員會」審查通過後始得認列為校外實習機構, 此表請存置於系上。This form, after being evaluated by the department or institute's internship advisory teacher, must also be reviewed and approved by the department/institute or degree program's "Off-Campus Internship Advisory Committee" before the institution can be officially recognized as an off-campus internship provider. This form should be retained by the department.