

STUDENT EVALUATION OF THE INTERNSHIP



INTERN NAME _____ DATE _____ TERM _____

PHONE _____ MAJOR _____ EMAIL ADDRESS _____

Indicate the most appropriate response to the statement

True False

- My Internship experience was challenging. I was constantly given tasks that were new and/or varied.
- Performance of my job duties was essential to the employer.
- My supervisor (or training instructor) gave clear, explicit instructions and did so as often as I needed them.
- My supervisor had an open-door policy. I could contact him/her whenever I needed talk with him/her.
- I felt that my employer did everything possible to make my experience significant and meaningful.
- During this Internship term I felt that I was productive for the organization.
- My training assignment was very well structured. The employer had a training plan in mind for the Internship experience.
- I feel that I learned a great deal in my career or professional area.
- My greatest learning occurred in the personal/social area.
- Financial compensation for the work I performed was adequate.
- My Internship experience increased my motivation to obtain a four-year degree.
- My Internship experience confirmed my career plans.
- My Internship experience clarified some of the courses I plan to take when I return to campus.
- I believe my Internship experience prepared me to be competitive in the job market after I graduate.
- I am more confident of my abilities as a result of my Internship experience.
- My academic preparation for this assignment was adequate.
- I recommend this employer for prospective intern students.

Organization where I interned _____

Intern Site Supervisor _____

Student Intern's Job Title _____

Faculty Internship Supervisor _____

Semester of Internship _____
Term Year