# APPENDIX E – STUDENT EVALUATION OF INTERNSHIP

**STUDENT EVALUATION OF INTERNSHIP**

(To be completed by Intern at end of internship)

|  |  |
| --- | --- |
| **PERSONAL DATA** | |
| **NAME OF INTERN:**  NAME OF INTERN | **EVALUATION PERIOD (DURATION OF INTERNSHIP):**  START DATE **TO** END DATE |
| **NAME OF SUPERVISOR:**  NAME OF EVALUATOR | **NAME AND ADDRESS OF COMPANY:**  NAME OF COMPANY  ADDRESS 1  ADDRESS 2  CITY, ST ZIP CODE |
| **A. EVALUATION OF SUPERVISOR** | |
| **DID SUPERVISOR APPEAR INTERESTED IN YOU AS AN INDIVIDUAL?**  Always Frequently Sometimes Seldom Never  **DID SUPERVISOR PROVIDE ADEQUATE TRAINING?**  Always Frequently Sometimes Seldom Never  **DID SUPERVISOR MOTIVATE YOU TO IMPROVE YOURSELF?**  Always Frequently Sometimes Seldom Never  **DID YOU RECEIVE ADEQUATE INSTRUCTIONS OR ASSISTANCE FROM YOUR SUPERVISOR IN THE CONDUCT OF YOUR WORK?**   Always Frequently Sometimes Seldom Never  **HOW OFTEN DID YOUR SUPERVISOR DISCUSS YOUR JOB PERFORMANCE WITH YOU?**  Weekly Bi-Weekly Monthly Semester Never    **COMMENTS:** | |
| **B. EVALUATION OF CO-WORKERS** | |
| **ACCEPTANCE OF AN INTERN SEEMED TO BE:**   Excellent Good Average Fair Poor  **WE COMMUNICATED EFFECTIVELY:**  Always Frequently Sometimes Seldom Never  **WE COMMUNICATED EFFECTIVELY WITH EACH OTHER:**  Always Frequently Sometimes Seldom Never  **COMMENTS:** | |

|  |
| --- |
| **D. PERSONAL** |
| **DO YOU BELIEVE YOUR POSITION PROVIDED A RELEVANT EXPERIENCE:**  Always Frequently Sometimes Seldom Never  **DO YOU BELIEVE YOU DID WORK OF VALUE FOR YOUR EMPLOYER:**  Always Frequently Sometimes Seldom Never  **DID YOU ALWAYS RECEIVE ADEQUATE TRAINING IN YOUR JOB:**  Always Frequently Sometimes Seldom Never  **DID THE WORK/ATMOSPHERE ALLOW FOR THE EXPRESSION OF YOUR IDEAS:**  Always Frequently Sometimes Seldom Never  **MY ACADEMIC PREPARATION FOR THIS ASSIGNMENT WAS:**  Excellent Good Average Fair Poor  **THE UNDERSTANDING I HAD OF MY JOB DUTIES AND MY RESPONSIBILITIES WERE:**  Excellent Good Average Fair Poor  **WHICH UNIVERSITY COURSES WERE THE MOST HELPFUL IN THE PERFORMANCE OF YOUR DUTIES?**    **WHICH UNIVERSITY COURSES WERE THE LEAST HELPFUL?**  **WHAT ADDITIONAL COURSES WOULD YOU RECOMMEND THAT THE UNIVERSITY OFFER IN YOUR MAJOR FIELD OF STUDY?** |
| **D. OVERALL EVALUATION OF INTERNSHIP** |
| **HOW WOULD YOU DESCRIBE THE OVERALL INTERNSHIP?**  Excellent Very Good Good Average Below Average Poor  **COMMENTS:**  **WOULD YOU CONSIDER WORKING FOR THIS ORGANIZATION FOLLOWING GRADUATION?**  Yes  No    **COMMENTS:**  **SIGNATURE:** **DATE:**      ***Please complete this form at the end of your internship and return to the Internship Coordinator.*** |