# APPENDIX E – STUDENT EVALUATION OF INTERNSHIP

**STUDENT EVALUATION OF INTERNSHIP**

(To be completed by Intern at end of internship)

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| **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 1ADDRESS 2CITY, 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:** |

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| **C. 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.*** |