STUDENT EVALUATION OF INTERNSHIP

Please respond to the following questions regarding your internship experience. The purpose of this form is to provide opportunity for an honest appraisal of the internship site and supervisor, and its contribution to your university’s experiential education program.

Organization: ___________________________ Semester/Year: _______________
Location: ___________________________ Supervisor: ___________________________

1. Please rate the following aspects of your internship placement on the basis of this scale:
   (0) No Observation, (1) Poor, (2) Fair, (3) Good, (4) Excellent
   ___ Work experience relates to my area of study
   ___ Adequacy of employer supervision
   ___ Helpfulness of supervisor
   ___ Acceptance by fellow workers
   ___ Opportunity to use my training
   ___ Opportunity to develop my human relations skills
   ___ Provided levels of responsibility consistent with my ability and growth
   ___ Opportunity to develop my communication skills
   ___ Opportunity to develop my creativity
   ___ Cooperativeness of fellow workers
   ___ Opportunity to problem solve
   ___ Opportunity to develop critical thinking skills
   ___ Provided orientation to the organization
   ___ Attempt to offer feedback on my progress and abilities
   ___ Effort to make it a learning experience for me

   Feel free to explain any of your responses to the above criteria here (use other side if necessary):

2. Would you work for this supervisor again? ___ Yes ___ No ___ Uncertain

3. Would you work for this organization again? ___ Yes ___ No ___ Uncertain

4. Would you recommend this organization to other students? ___ Yes ___ No ___ Uncertain
   Why or why not?

5. Your Name: ___________________________ Date: ______________

Please return this form to your Academic Advisor by the deadline you have agreed upon.