

STUDENT ASSESSMENT OF FIELDWORK EXPERIENCE

Student Name _____ Student Signature _____

Semester/Year: Fall _____ Spring _____ Summer _____

Internship Site _____

Site Supervisor Name _____

Faculty Supervisor Review:	
_____	_____
Initial	Date

Please answer the questions below to help your Faculty Supervisor understand your internship experience.

Was assistance from your supervisor available to you? _____ Frequently _____ Seldom _____ Never

Was adequate explanation given to you concerning the behavior that was expected of you as an intern? _____ Yes _____ No _____ Sometimes

Was adequate explanation given to you concerning your assigned tasks? _____ Yes _____ No _____ Sometimes

Do you feel your internship experience was of value to your employer? _____ Yes _____ No

Were you prepared academically for this internship assignment? _____ Yes _____ No

Did your work assignments meet your expectations? _____ Yes _____ No

Would you consider this company for permanent employment? _____ Yes _____ No

What is your overall evaluation of this experience in relationship to your career goals? _____ Excellent _____ Good _____ Fair _____ Poor

COMMENTS: Please share any other thoughts that you might have on the internship (strengths and limitations of the agency, comments regarding supervision, recommendations for future student interns, etc.)