

# STUDENT ASSESSMENT OF INTERNSHIP 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.)