

## 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 school'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 School-To-Work Office, Career Center or Internship Office.*