

INTERNSHIP EVALUATION

-Student Evaluation-



Student's Name

Site Supervisor's Name

Business/Organization Name

Semester

Please help us determine the success of your particular internship experience. Circle the appropriate number to indicate your evaluation.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. The conditions in which I was expected to work were appropriate for the internship site.	1	2	3	4	5
2. The supervision given to me was of a high quality.	1	2	3	4	5
3. The tasks and projects that I was expected to complete were appropriate.	1	2	3	4	5
4. My overall internship experience has been educational.	1	2	3	4	5
5. My overall rating for this internship would be high.	1	2	3	4	5
6. I would recommend this internship opportunity to other students.	1	2	3	4	5

What should a prospective intern know about this internship experience? _____

Additional comments: _____

Signature: _____ E-mail Address or Phone # _____