



Career Planning Center Student Evaluation of Internship

Please complete the following questions. Your assistance will help us advise and inform students about their internship options in the future. Completed evaluations will be placed on file in the Career Planning Center so that students considering internships may review student comments and make informed decisions about what opportunities best suit their interests. In completing this form, if you prefer to remain anonymous, simply omit your name on this form.

Your Name (optional) _____ Date _____

Internship Site _____ City _____

Department _____

Type of Internship (i.e. marketing, accounting, business, social science, etc.) _____

On Site-Supervisor _____ Faculty Supervisor _____

Your Phone Number (include only if you would be amenable to having other students call you to inquire about your internship experience) _____

What semester did you do your internship (circle one) Summer Fall Spring

Was it (circle one): Paid Unpaid Other (please explain) _____

Was it (circle one): Credit Non-credit

Briefly describe the responsibilities of the position.

Please assess each item below using the following scale:

4=Excellent	3=Good	2=Fair	1=Poor
____ Value of experience	____ Skills learned		
____ Supervision provided	____ Challenges of assignment(s)		
____ Appropriate workload	____ Variety of Work		
____ Orientation of internship site	____ Safety of site/environment		
____ Internship experience met my expectations			

What did you like *most* about this internship?

What did you like *least* about this internship?

What kind of supervision did you receive from your on-site supervisor?

regularly scheduled meetings

other, please explain _____

From your faculty supervisor?

regularly-scheduled meetings

other, please explain _____

Did any issues arise during the internship in regard to job responsibilities? Yes No

If yes, please describe:

Would you recommend this internship site to other students? Yes No

Please explain:

Were you offered a full-time or part-time position by your internship employer? Yes No

If yes, did you accept the offer? Yes No

Please comment on any benefits you feel you have gained from this experience.

Thank you very much for completing this evaluation! Please return to the Career Planning Center at completion of your internship experience