

Intern Evaluation of Internship

STEPHEN F. AUSTIN STATE UNIVERSITY • CAREER SERVICES

Please respond to the following questions regarding your internship experience and site. The purpose of this form is to provide opportunity for frank appraisal of the internship location.

Your Name: _____ Date: _____

Organization: _____ Semester/Year: _____

Supervisor: _____ Location: _____

Please rate the following aspects of your internship experience on the basis of this scale:

1: Poor 2: Fair 3: Good 4: Excellent

Site

Physical environment was safe	1	2	3	4
An orientation was provided to the organization	1	2	3	4
Adequate resources were available to accomplish projects	1	2	3	4
Co-workers were accepting and helpful	1	2	3	4

Supervisor

Supervisor provided a clear job description	1	2	3	4
Regular feedback was provided on my progress and abilities	1	2	3	4
An effort was made to make it a learning experience for me	1	2	3	4
Supervisor provided levels of responsibility consistent with my abilities	1	2	3	4
Supervisor was supportive of the agreed-upon work days and hours	1	2	3	4

Learning Experience

Work experience related to my academic discipline and/or career goal	1	2	3	4
Opportunities were provided to develop my communication skills	1	2	3	4
Opportunities were provided to develop my interpersonal skills	1	2	3	4
Opportunities were provided to develop my creativity	1	2	3	4
Opportunities were provided to develop my problem-solving abilities	1	2	3	4
This experience has helped prepare me for the workplace	1	2	3	4

Overall Value Rating for the Internship	1	2	3	4
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Would you work for this supervisor again? Yes No Uncertain

Would you work for this organization again? Yes No Uncertain

Would you recommend this organization to other students? Yes No Uncertain

Feel free to explain any of your responses to the above criteria here (use reverse side if necessary):
