

DEPARTMENT OF EDUCATION
Student Evaluation of Internship

Name of Intern	
Position / Assignment of Intern	
Name of Supervisor	
Duration of Internship Program	

These questions are designed to help future students learn more about whether this particular internship experience will be valuable to them. Rate the statement below using the following key:

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Internship Experience

- | | | | | | | |
|---------------------------------------------------------|---|---|---|---|---|---|
| It gave me a realistic preview of this career field | 1 | 2 | 3 | 4 | 5 | 6 |
| I was given adequate training and orientation | 1 | 2 | 3 | 4 | 5 | 6 |
| I had regular meetings with my supervisor | 1 | 2 | 3 | 4 | 5 | 6 |
| I received constructive feedbacks from my supervisor | 1 | 2 | 3 | 4 | 5 | 6 |
| My supervisor was available and accessible for concerns | 1 | 2 | 3 | 4 | 5 | 6 |
| I was treated the same level as other employees/interns | 1 | 2 | 3 | 4 | 5 | 6 |
| There were a lot of opportunities for learning | 1 | 2 | 3 | 4 | 5 | 6 |
| The work I performed was challenging and stimulating | 1 | 2 | 3 | 4 | 5 | 6 |

How would you recommend this internship to other students?

- Highly Recommend
- Recommend
- Recommend with reservations
- Would not recommend

What suggestions would you give to the employer for future internships?

Additional Comments
