



Student's Internship Evaluation

Please Print

Student Name _____ Major _____

Employer _____ Supervisor _____

Internship Period: Year _____
 Fall Summer
 Spring Other _____

Will you continue in this position?
 yes If yes, when? _____
 no

Directions: Objectively evaluate your experience with this employer using the rating scale shown below.

E-Excellent	A-Above average	S-Satisfactory	N-Needs improvement	U-Unsatisfactory	N/S-Not applicable
WORK EXPERIENCE		RATING	COMMENTS, EXAMPLES		
Relationship of work to career goals					
Training received					
Supervision received					
Level of responsibility assigned					
Abilities utilized					
<i>Overall rating of work experience</i>					
LEARNING EXPERIENCE					
Learned information, skills, or techniques not learned in class					
Gained career/professional knowledge					
Relationship of academic assignments to work					
<i>Overall rating of learning</i>					
PERSONAL DEVELOPMENT					
Gained greater self-confidence					
Improved understanding of strengths, weaknesses					
Met people who contributed to professional growth					
<i>Overall rating of development</i>					

How did this experience affect your educational or professional plans?

Confirmed plans Changed plans Other (explain)

Student's Signature _____ Date _____