

Student Evaluation of Internship Placement Site

Intern Name: _____ Date: _____

Name of Participating Agency: _____

Name of Agency Supervisor: _____

CHECK APPROPRIATE BOX	Excellent	Above Average	Average	Below Average	Poor
Adequate Supervision Provided					
Assigned Meaningful Tasks					
Clear Explanation of Needs/Goals					
Clear Explanation of Role/Responsibilities					
Level of Responsibilities Assigned					
Office Policies Explained					
Helpful and Applicable Training Provided					
Staff Accepted You as a Welcome Addition					
Sufficient Feedback Provided					
Supervisor Punctual					
Supervisor Listened					
Someone Available for Questions					
Gained Greater Self-Confidence					
Improved Understanding of Strengths & Weaknesses					
Met People who Contributed to Professional Growth					
Internship was Meaningful and Enjoyable					

What do you consider to be the best feature(s) of this placement? _____

What do you consider to be the weakest feature(s) of this placement? _____

Have you been offered a permanent position with your internship placement site? _____ If so, did you accept? _____

What suggestions would you make for improving the internship program? And, any additional comments? _____
