

\*\*Return this form to the M & E Department\*\*

IMPORTANT: MINIMUM OF 180 work hours to receive 3 credit hours



## 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
<b>WORK EXPERIENCE</b>		<b>RATING</b>	<b>COMMENTS, EXAMPLES</b>		
Relationship of work to career goals					
Training received					
Supervision received					
Level of responsibility assigned					
Abilities utilized					
<i>Overall rating of work experience</i>					
<b>LEARNING EXPERIENCE</b>					
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>					
<b>PERSONAL DEVELOPMENT</b>					
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 \_\_\_\_\_