



**Experiential Learning Program
Student Evaluation of Internship**

Name: _____ Date: _____

Internship Site: _____ Semester/Year _____

Site Supervisor Name: _____

Please rate the following aspects of your internship experience:

	Strongly Agree	Agree	Disagree
Work site was safe			
Clear orientation was provided			
Adequate Resources were available to complete projects			
Coworkers were accepting and helpful?			
Supervisor gave clear job description			
Regular feedback was provided			
Supervisor was supportive of work days and hours			
Work experience related to academic and career goals			
Opportunities were provided to develop:			
Communication skills			
Interpersonal skills			
Problem-solving abilities			
This experience helped prepare me for the workplace			

Would you work for this organization again? _____yes _____no _____uncertain

Would you recommend this organization to other student interns? _____yes _____no _____uncertain

Student Signature: _____