

INTERNSHIP SITE EVALUATION

This form gives the student the opportunity to evaluate his/her internship.

Student name_____

Email_____ Phone_____

Internship site_____

Site supervisor's name and title_____

Internship start and end dates_____

Did this internship provide a valuable learning experiencing? Yes____ No____

How was it valuable?

Was the internship well-structured/organized? Yes____ No____

Was your site supervisor knowledgeable and willing to share his or his expertise? Yes__ No__

Please briefly describe your interactions with your site supervisor:

How might this internship be improved?

Would you recommend this internship to another student? Yes____ No____

Would you be willing to talk to another student about this internship? Yes____ No____