



THE GRADUATE SCHOOL

Department #686 GRADUATE INTERNSHIP

**THE GRADUATE SCHOOL**

**VALPARAISO UNIVERSITY**

Valparaiso, Indiana 46383-6493

(219) 464-5313 or (800) 821-7685

## Student Internship Evaluation Form

Student: \_\_\_\_\_

Semester / Year: \_\_\_\_\_

Internship: \_\_\_\_\_

Field Supervisor: \_\_\_\_\_

\*Please be honest in your response as the comments will not be shared with the field supervisor without consent.

Rate your Internship Experience

	Excellent	Good	Average	Poor
Sufficient Opportunity to perform tasks	_____	_____	_____	_____
Clear expectations were articulated	_____	_____	_____	_____
Communication was encouraged	_____	_____	_____	_____
Constructive suggestions were offered	_____	_____	_____	_____
Leadership opportunities were provided	_____	_____	_____	_____
Given opportunities to work in a variety of areas	_____	_____	_____	_____
Interaction with co-workers	_____	_____	_____	_____
Offered support and enthusiasm	_____	_____	_____	_____
Professionalism of organization	_____	_____	_____	_____
Overall experience	_____	_____	_____	_____

Were you adequately prepared for your internship experience? If not, in what ways could you have been better prepared?

Additional comments:

Would you recommend this organization/company for future student internships?

Student Intern Signature: \_\_\_\_\_

Date: \_\_\_\_\_