



Student Internship Satisfaction Survey

Student Name _____ Date _____

Internship
Location _____

Supervisor Name _____

Please circle the number that represents your experience in your internship.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
I was assigned meaningful tasks during my internship.	5	4	3	2	1
My internship assignments were relevant to my academic coursework.	5	4	3	2	1
My internship assignments were relevant to my interests.	5	4	3	2	1
I had regular supervision and guidance from my supervisor.	5	4	3	2	1
My supervisor and/or other staff were available if I had questions.	5	4	3	2	1
I learned new knowledge in my internship.	5	4	3	2	1
I learned new skills in my internship.	5	4	3	2	1
I learned something new about myself.	5	4	3	2	1

Would you recommend this internship to other students? ☐ Yes ☐ No ☐ Maybe

Comments:

Please return this form to:

Coordinator of Career Services
Calumet College of St. Joseph, Room 615
2400 New York Ave | Whiting, Indiana 46394
www.ccsj.edu · (219) 473-4253 · Fax: (219) 473-4277
Or, you may fill out this survey on-line:

<https://www.surveymonkey.com/r/EEONAssociate>



Internship Supervisor Satisfaction Survey

Supervisor Name _____

Date _____

Internship Location _____

Student Name _____

Please circle the number that represents your experience with our internship program and student(s).

Strongly
Agree

Somewhat
Agree

Neutral

Somewhat
Disagree

Strongly
Disagree

The expectations of me as a supervisor were made clear by the College.	5	4	3	2	1
I felt I knew who to contact if I had questions about my intern.	5	4	3	2	1
I received appropriate and timely responses from the College regarding any questions I had.	5	4	3	2	1
My intern managed his/her responsibilities in a professional manner.	5	4	3	2	1

Based on your experience with our student(s), would you take another intern from Calumet College of St. Joseph? ☐ Yes ☐ No ☐ Maybe

Comments:

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