Student Internship Survey

Your opinion is important to us! Help us by evaluating your internship experience and the overall internship program. Please take a moment to tell us your thoughts on whether your internship met your needs and expectations and how it could be improved for future graduates. Please complete this short survey and return it in the postage paid envelope provided. Thank you and congratulations as you move through your career!

Program:_____

ATCC Internship Coordinator
(Instructor handling your internship):_____

Student Name: (optional)_____

1 = little to no value 2 = limited value 3 = some value 4 = valuable 5 = very valuable

1. Using the scale above, please rank the value of your internship experience.
   (Circle One) 1 2 3 4 5

2. Do you feel you are now more marketable to future employers and better prepared than if you had not had this internship experience? Why or why not?

3. Did you have adequate contact with your ATCC Internship Coordinator during your internship experience? (Circle One) Y N

4. Were the visit(s) to your internship site made by your ATCC Internship Coordinator productive? Why or why not?

5. Did your ATCC Internship Coordinator provide you with a clear understanding of what was expected of you as an intern? Please explain.

(over)

6. Was the length of your internship experience:
   _____too short _____too long ____ just right.

7. Knowing what you know now, would you recommend this internship site to another student? Why or why not?

8. How could ATCC improve internship experiences for future students?

Thank you for your feedback!

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Dean of Academic Affairs

Equal opportunity employer and educator.

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888-234-1222 ext. 4673, 320-762-4673, or Minnesota Relay Service 800-627-3529.