

# Student's CDI Post-Internship Survey

*Please complete this survey and submit it to the teacher/CDI facilitator.*

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

Internship Site: \_\_\_\_\_ Position: \_\_\_\_\_

1. Were your expectations for your CDI met?  Yes  No

Please explain:

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2. What skills did you develop or improve through your internship experience?

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3. What did you learn about your CDI's professional field?

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4. Would you recommend a CDI experience to other students?  Yes  No

Please explain:

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5. How could this internship have been improved?

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Student's Signature: \_\_\_\_\_

**Thank you for your feedback!**