**Internship Student’s Final Evaluation**

Organization’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate your internship experience using a scale of 1 to 5

1 = unsatisfactory, 2=uncomplimentary, 3=fair, 4=commendable, 5=exceptional

**Internship Organization**

* 1. Maintained an organizational culture that fostered learning \_\_\_\_\_\_\_
  2. Maintained a friendly and cooperative work environment \_\_\_\_\_\_\_
  3. Established and communicated clear goals and expectations \_\_\_\_\_\_\_

**Internship Supervisor**

* 1. Provided levels of responsibility consistent with my ability \_\_\_\_\_\_\_
  2. Provided challenging work assignments \_\_\_\_\_\_\_
  3. Offered regular, constructive feedback on my performance and progress \_\_\_\_\_\_\_
  4. Communicated goals and expectations clearly \_\_\_\_\_\_\_

**Internship provided ample opportunity to**

* 1. Use knowledge/skills gained through my academic program \_\_\_\_\_\_\_
  2. Develop my human relations, and communication skills \_\_\_\_\_\_\_
  3. Develop my creative, critical thinking, problems solving skills \_\_\_\_\_\_\_
  4. Demonstrate initiative ­­­\_\_\_\_\_\_\_

**Overall**

* 1. I would rate the quality of my internship as \_\_\_\_\_\_\_
  2. Would you work for this supervisor again?

\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

* 1. Would you work for this organization again?

\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

* 1. Would you recommend this organization to other students?

\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

* 1. Please explain or elaborate upon any of your responses above. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Please return all completed forms to Dr. Brad Whitsel – 206W Eberly Building, 2201 University Drive, Lemont Furnace, PA 15456

For questions regarding internships, please call 724-430-4261.