

STUDENT INTERN EVALUATION OF BOE

INSTRUCTIONS: *The student completes this evaluation at the end of internship. This is confidential and will not be shared with your internship site.*

PART I. INTERN INFORMATION

DEPARTMENT	DIVISION	DATE
INTERN'S NAME	DIVISION ADDRESS	

SEMESTER OF INTERNSHIP:

Fall Spring Summer Year: _____

WHAT RESOURCES DID YOU USE TO FIND YOUR INTERNSHIP? (check all that apply)

Career Services Office/Internship Coordinator Faculty BOE Website Family/Friend
 Other: _____

PART II. RATING

Please rate the following aspects of your internship placement on the basis of this scale:

- Excellent– Consistently exceeds expectations
- Good– Sometimes exceeds expectations
- Average– Meets expectations
- Poor– Rarely meets expectations
- N/A– Not applicable to this Internship experience

Check one box that best represents the internship.	Excellent	Good	Average	Poor	N/A
Work experience relates to my area of study	<input type="checkbox"/>				
Adequacy of employer supervision	<input type="checkbox"/>				
Helpfulness and support of supervisor	<input type="checkbox"/>				
Acceptance by fellow co-workers	<input type="checkbox"/>				
Opportunity to use my training	<input type="checkbox"/>				
Opportunity to develop my human relations skills	<input type="checkbox"/>				
Provided levels of responsibility consistent with my ability and growth	<input type="checkbox"/>				
Opportunity to develop communication skills	<input type="checkbox"/>				
Opportunity to develop and utilize my creativity	<input type="checkbox"/>				
Cooperativeness and team focus of co-workers	<input type="checkbox"/>				
Opportunity to problem solve	<input type="checkbox"/>				
Opportunity to develop critical thinking skills	<input type="checkbox"/>				
Provided orientation to the organization	<input type="checkbox"/>				
Attempt to offer feedback on my progress and abilities	<input type="checkbox"/>				
Effort to make it a learning experience for me	<input type="checkbox"/>				
Gave me a realistic preview of my field of interest	<input type="checkbox"/>				
Adequate training and development	<input type="checkbox"/>				
I felt I was productive for the department	<input type="checkbox"/>				
Through this internship I had the opportunity to use and develop my:					
Interpersonal/human relation skills	<input type="checkbox"/>				
Oral communication/presentation skills	<input type="checkbox"/>				
Creativity	<input type="checkbox"/>				
Problem solving abilities	<input type="checkbox"/>				
Critical thinking skills	<input type="checkbox"/>				
Writing skills	<input type="checkbox"/>				
My internship experience:					
Confirmed my interest in a career in this line of work	<input type="checkbox"/>				
Has made me decide to pursue a different career path	<input type="checkbox"/>				
Has prepared me to enter the world of work	<input type="checkbox"/>				
Overall internship experience	<input type="checkbox"/>				

STUDENT INTERN EVALUATION *(continued)*

PART III. COMMENTS, QUESTIONS, AND SIGNATURE

COMMENTS:

Would you work for this supervisor again?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Would you work for this agency again?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Would you recommend this agency to other students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Why or why not would you recommend this agency to other students?			

EVALUATOR'S NAME

SIGNATURE

DATE



*Thank you very much for completing this evaluation of your internship. We take your comments very seriously.
Please return this evaluation to the FAX number or address listed below.*