



Student Evaluation of Host Organization

to be completed by student intern

Information provided is for internal use only and will not be shared with the site supervisor or host organization. Submit no later than Tuesday, November 25 to your internship faculty supervisor.

Student's Name _____ Semester _____

Email _____ Phone _____

Semester _____ Internship Start date: _____ End Date: _____

Host Organization _____ Internship Position _____

Host Organization Address _____

Site Supervisor's Name/Title _____

Site Supervisor's Phone # _____ Site Supervisor's Email _____

Based on your experiences, circle or bold the number you feel most adequately reflects your internship experience (1=unsatisfactory, 5 = exceeding expectations):

Table with 6 rows and 6 columns. Rows: Clear role expectations, Challenge of position, Supervisor training/support, Co-worker support, Professional atmosphere, Safe working environment, Overall experience. Columns: 1, 2, 3, 4, 5.

Do you feel that your internship has been run effectively? Please explain.

What have been the three most valuable things that you have learned while on this internship?

- 1.
2.
3.

From what you experienced during your internship, what would you change and why?

Would you recommend this internship to another student and why?

Other comments:

Student's Signature _____ Date _____

Faculty Supervisor's Signature _____ Date _____