

**STUDENTS'**  
**SELF EVALUATION OF INTERNSHIP**

STUDENT PERSONAL INFORMATION

NAME:

INTERNSHIP BUSINESS INFORMATION

NAME OF BUSINESS:

PHONE:

SUPERVISOR'S NAME:

TITLE:

STARTING DATE  ENDING DATE

TOTAL HOURS PER WEEK

EVALUATION OF INTERNSHIP

Please complete this evaluation by checking the response that best describes your internship experience.

**1=Excellent 2=Good 3=Satisfactory 4=below Average 5=Unsatisfactory 6=Poor N/A=Not Applicable**

	1	2	3	4	5	6	N/A
HANDS ON EXPERIENCE.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGEMENT EXPERIENCES.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINING PROVIDED.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE OF SUPERVISOR.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION OF INTERNSHIP.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL WORK ENVIRONMENT.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB ROTATION.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE OF EMPLOYEES.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL IMPRESSION OF INTERNSHIP.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on your experience with this internship, would you recommend this organization for future interns?

☐ YES

☐ NO