

Intern Evaluation of Experience

EXIT EVALUATION (Sample)

Intern Information

Date

Intern's name

Internship Title

Hours Worked/Week

Sponsor/ Organization's Name

Direct Supervisor's Name

Compensation:

Hourly Pay

Volunteer

Faculty Sponsor's name

What Impact did your internship have on your personal, academic, and/or career development?

Were you able to relate your academic studies to any aspect of your internship experience? And why?

How often did you meet?

Evaluation of the Internship Program

Your Feedback to other students

Internship Information

Describe your basic tasks and accomplishments during your internship.

What did you learn about the organization you worked with?
(e.g. their organizational structure, mission interpersonal relationships...)

What were the best aspects of your internship?

If you could change our internship experience in any way, how would you change it?

What type of person would benefit most from this type of experience?

Overall effectiveness of the internship program:

Excellent

Very Good

Good

Fair

Poor

Overall rating of your internship supervisor.

Excellent

Very Good

Good
Fair
Poor

Overall rating of the quality of your internship responsibilities and/or projects

Excellent
Very Good
Good
Fair
Poor

Intern Signature _____ date _____

Employer Signature _____ date _____

Submit a copy to your faculty advisor.