

# Internship Program Student Evaluation of Internship Experience

Please type the requested information into this form. Save the file, then email the file to the Faculty Internship Coordinator. Please also provide a hard copy of this form in your Final Report.

Date:

Student Name:

Student M #:

Internship Coordinator:

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Company Name:

Supervisor Name:

Supervisor Email:  Supervisor Phone:

Dates of Work: from:  to:

JobTitle:

Pay Rate:  Housing Provided:  Y  N

Please evaluate and respond to the following questions by checking the appropriate box (leave blank if not applicable):

1                      2                      3                      4                      5  
Low                  Below Average      Average              Above Average      Exceptional

Employability: During the internship, I improved upon my:

- |  | 1                        | 2                        | 3                        | 4                        | 5                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Skills and knowledge related to the internship project | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Confidence in skills and knowledge                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Integrity and work ethic                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Ability to work in a team: During the internship, I developed skills to:

- |   | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Build positive working relationships        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Work effectively within a team              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Adapt to working styles of others           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Contribute positively to the group's effort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1	2	3	4	5
Low	Below Average	Average	Above Average	Exceptional

Problem Solving: During the internship, I developed the ability to:

- |   | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Conceptualize projects into workable problems       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Break problems into critical and logical components | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Develop solutions to problems                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Evaluate and judge the effectiveness of solutions   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Internship Experience: Rate the quality of your experience with respect to:

- |   | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Orientation to the company and its organizational structure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Preparedness of your supervisor for your arrival            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Intellectual challenge of the work                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sufficient time spent on challenging work                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Clarity of your responsibilities                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Adequacy of supervision you received                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Competitiveness of your salary and benefits                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Support and guidance from co-workers                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Quality of the work environment in supporting learning      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ease and use of internship materials and forms              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Overall internship experience                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Please provide written responses to questions below (box will expand as you type):**

Was your internship assignment clearly described by your employer during the interview or at a company orientation and did the internship meet your expectations?

Were your supervisor and other colleagues available and willing to answer work-related questions?

In what respects did your internship assignment allow for progressively increasing your job responsibilities?



How were you treated by fellow workers?



Describe how your work assignment related to academic courses taken at MTSU. Was the internship educationally valuable?



What skills were developed or improved upon as a result of your internship? Consider technical, communications, and interpersonal skills



How has the experience influenced your career goals? Any changes in your educational or career plans?

A large, solid gray rectangular area intended for the student to provide their answer to the question above.

Would you be willing to discuss your internship experiences with other students?

A large, solid gray rectangular area intended for the student to provide their answer to the question above.

Do you have any comments or suggestions on how to improve the Internship Program?

A large, solid gray rectangular area intended for the student to provide their answer to the question above.