

## STUDENT EVALUATION OF INTERNSHIP

Please respond to the following questions regarding your internship experience.

The purpose of this form is to provide opportunity for an honest appraisal of the internship site, your supervisor, and its contribution to your educational experience.

**Organization:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Semester:** \_\_\_\_\_ **Year:** \_\_\_\_\_

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

4 – Excellent (Always demonstrates this ability/consistently exceeds expectations)

3 – Good (Usually demonstrates this ability/sometimes exceeds expectations)

2 – Average (Sometimes demonstrates this ability/meets expectation)

1 – Poor (Seldom/Never demonstrates this ability/does not meet expectations)

N/A - Not Applicable (Unable to observe particular characteristic)

\_\_\_ Work experience relates to my area of study

\_\_\_ Adequacy of employer supervision

\_\_\_ Helpfulness of supervisor

\_\_\_ Acceptance by fellow workers

\_\_\_ Opportunity to use my training

\_\_\_ Opportunity to develop my human relations skills

\_\_\_ Provide levels of responsibility consistent with my ability and growth

\_\_\_ Opportunity to develop my communication skills

\_\_\_ Opportunity to develop my creativity

\_\_\_ Cooperativeness of fellow workers

\_\_\_ Opportunity to problem solve

\_\_\_ Opportunity to develop critical thinking skills

\_\_\_ Provide orientation to the organization

\_\_\_ Attempt to offer feedback on my progress and abilities

\_\_\_ Effort to make it a learning experience for me

Feel free to explain any of your responses to the above criteria in the space provided second page of this evaluation.

Would you work for this supervisor again? (check one)

Yes  No  Uncertain

Would you work for this organization again? (check one)

Yes  No  Uncertain

Would you recommend this organization to other students? Why or why not? (check one)

Yes  No  Uncertain

If not, explain why here:

**Additional Comments:**

Your Name (please print): \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form in person, by FAX, or through mail to:

Ms. Erica Kalinowski  
Coordinator of Student Services  
School of Business  
The College of New Jersey  
P.O. Box 7718  
Ewing, NJ 08628-0718  
FAX 609/637-5129