

Student Evaluation of the Organization and the Overall Internship Experience

This is for you, the student intern, to fill out based on your experiences this semester. Please be as inclusive as possible as this information will be used when considering whether or not to recommend this organization to other students in future semesters.

Name of student: _____

Date of Evaluation: _____

Submitted to: _____

Evaluation Criteria: Please indicate a rating of each of these items ranging from 1-5.
1 being very high and 5 being very low.

1. Interaction with direct report:

Did your direct report make themselves available to you in a way that facilitated your learning about the organization and your job duties specifically? _____
(score)

Additional comments/examples related to interaction with your direct report

2. Overall learning experience:

Did this internship offer you a practical learning experience and did it give you a realistic preview of what this job is really like? _____
(score)

Additional comments/examples related to the learning experience

3. Ideal work environment:

Does anything stand out in your mind that might suggest that this would/ would not be an ideal position for you? _____
(score)

Additional comments/examples related to the work environment
