

**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 EXPERIENCES .....	<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