

STUDENT INTERN JOB SITE EVALUATION FORM

Instruction: This form is designed to give you an opportunity to evaluate the quality of your internship. Please fill out and turn it in with your final project. This form is required as part of your assessment for a grade.

Student Name: _____

Semester and year of your internship: _____

Organization: _____

Address: _____

Phone: _____ E-Mail: _____

Supervisor's Name & Title: _____

Rate the quality of your internship from (1 being a waste of time) to 5 (a rewarding and excellent experience).

1 2 3 4 5

In what way did the internship meet your expectations? Explain.

If the internship did not meet you expectations, please explain.

What can the Women's Studies Program do to improve your internship experience?