



**Student Intern Job Site Evaluation Form**  
**LGBT 3930 – LGBTQ Studies Internship**

**Instructions:** This form is designed to give you, the student, an opportunity to evaluate the quality of your internship. Please fill out this form 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 and Title:** \_\_\_\_\_

**Rate the quality of your internship** on a scale from 1 (not a valuable experience) to 5 (a rewarding and excellent experience):

1      2      3      4      5

**In what way did the internship meet your expectation? Explain.**

**If the internship did not meet your expectations, please explain.**

**What can the LGBTQ Studies Program do to improve the internship experience?**