

SEMESTER \_\_\_\_\_ DUE BY \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

## SFCM INTERNSHIP EVALUATION FORM: STUDENT

At the end of each semester, the Student Intern and Host Organization must submit completed Evaluation Forms to the PDEC. We hope that you profited from your experience and will keep us informed about your career development. If you have any additional comments, please let us know.

### STUDENT INTERN

LAST NAME

FIRST NAME

STUDENT ID NUMBER

INSTRUMENT

YEAR

ADDRESS

CITY

STATE

ZIP

PHONE

SFCM EMAIL

### HOST ORGANIZATION

NAME OF HOST ORGANIZATION

ON-SITE SUPERVISOR / CONTACT PERSON

CONTACT TITLE

ADDRESS

CITY

STATE

ZIP

PHONE

EXT.

EMAIL

ORGANIZATION WEBSITE

INTERN POSITION TITLE

*(continues on other side)*

# INTERNSHIP EVALUATION

1. List your principal activities during your internship:

A.

B.

C.

D.

2. Evaluate your supervisor in the following areas:

	Excellent	Good	Average	Fair
Amount of attention provided				
Diversity of Opportunities				
Quality of Instruction				
Delegation of Responsibility				
Work Environment/Facilities				

3. How did the internship compare with your expectations?

4. Will you continue as an intern at this organization? Why/Why not?

5. Has this experience altered your career plans? How?

6. How would you evaluate this internship?  Excellent  Good  Average  Poor

Strongest Points:

Weakest Points:

7. What can the PDEC do to improve the Internship Program?