

Internship Information and Evaluation Form

(This form is to be completed by the student)

Name: _____

Internship Site: _____

On-site Supervisor's name and phone: _____

Your job title or a short description: _____

Number of hours per week at internship site and how you scheduled them (e.g., 6 hours, 3 hrs. each on Mon. and Wed.)

Describe your duties and experiences on a typical day at your internship site:

What aspects of the internship did you find the most educational, fulfilling and/or challenging?

What aspects of the internship did you find the most frustrating and/or unfulfilling?

Describe the training and supervision you received for your internship.

Did you feel that the level of training you received was adequate and appropriate for the duties you performed?

What could *you* have done to make your internship a more valuable experience?

What could your internship *site/supervisor/agency* have done to make your internship a more valuable experience?

What was your internship project?

Did it complement/enrich/integrate your experience? Why or why not?

Would you recommend this internship to future students?

What type of students? Any particular issues or circumstances you would want taken into account?