



INTERN EVALUATION FORM

Name: _____	Company: _____
School/University: _____	Supervisor: _____
Major: _____	Your job title: _____
Signature: _____	Date internship started: _____ ended: _____

Please rate your internship experience overall by circling the appropriate number.

Opportunity for learning

1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

Development of my professional skills

1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

Development of my technical skills

1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

Gained knowledge in my field of interest

1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

Please respond to the following based on your overall internship experience.

- 1.) Were you able to apply prior or current coursework to the nature of your internship?
- 2.) Did you feel supported and mentored by the company?
- 3.) Would you be interested in full time employment with this company when you graduate?
- 4.) How would you rate your overall internship experience?