**STUDENT’S EVALUATION OF THE INTERNSHIP EXPERIENCE**

**Elizabethtown College**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid or Unpaid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Av. Hrs/Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Credits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part I. The Internship**

 **To a Great To Some Not at**

 **Extent Extent All**

a. Was related to career interests \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

b. Offered me challenging, responsible work \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

c. Made my coursework more meaningful \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

d. Learning objectives were clearly defined \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

e. Should help me obtain a job upon graduation \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

**Part II. Intern’s Employer/ Supervisor**

 **To a Great To Some Not at**

 **Extent Extent All**

a. My supervisor reviewed my \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

 progress

b. Orientation was appropriate \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

c. Made me feel part of the organization \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

d. Provided work that matched the original \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

 job description

Additional Comments:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this completed evaluation form to Dr. Newell by mail, fax (717-361-3688) or by e-mail: newellea@etown.edu prior to the end of the semester in which you are enrolled.