University of Arizona
STUDENT’S INTERNSHIP EVALUATION FORM
(To be completed by the Intern)

This form is for you (the student) to assess your internship experience. At the conclusion of the internship, by the end of the semester or summer term, complete this form and give it to your course instructor.

Intern Name: ____________________________
Sponsoring Organization: ______________________ Sponsoring Supervisor: ______________________
Internship Instructor: ______________________ Internship Department: ______________________
Course Number and Section: ______________________ Semester(s) of Internship: ______________________

Place an X in the box of the number that best reflects your level of agreement/disagreement with each of the following statements. 1 = Strongly Agree; 5 = Strongly Disagree

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>I achieved my learning goals during the internship.</td>
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<td>Through my duties, I received training in a profession/field related to my studies.</td>
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<td>I experienced some of the realities of working in the profession/field.</td>
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<td>I successfully completed my assigned responsibilities and duties.</td>
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Evaluate the following aspects of your internship by placing an X in the box of the number that best reflects your experience. 1 = Outstanding; 5 = Unsatisfactory

**Work Environment:**
- Clarity of organizational structure
- Access to necessary materials and/or equipment
- Collegiality/friendliness of the employees
- Attitude of respect for interns

**Support and Feedback:**
- From your supervisor
- From other employees with whom you interacted

**Opportunity to be Creative:**
- Willingness of others consider to your ideas

**Interaction with Others:**
- Opportunity to contribute to a team project
- Questions were encouraged and answered.
- Access to one or more mentors (supervisor or employees)

**Overall Evaluation of Internship (circle one):** Superior Excellent Satisfactory Unsatisfactory

Additional Comments:

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Intern’s Signature ____________________________ Date ______________________