

**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**

I achieved my learning goals during the internship.	1	2	3	4	5
Through my duties, I received training in a profession/field related to my studies.	1	2	3	4	5
I experienced some of the realities of working in the profession/field.	1	2	3	4	5
I successfully completed my assigned responsibilities and duties.	1	2	3	4	5

Evaluate the following aspects of your internship by placing an X in the box of the number that best reflects your experience. If the aspect does not apply, leave it blank. **1 = Outstanding; 5 = Unsatisfactory**

**Work Environment:**

Clarity of organizational structure	1	2	3	4	5
Access to necessary materials and/or equipment	1	2	3	4	5
Collegiality/friendliness of the employees	1	2	3	4	5
Attitude of respect for interns	1	2	3	4	5

**Support and Feedback:**

From your supervisor	1	2	3	4	5
From other employees with whom you interacted	1	2	3	4	5

**Opportunity to be Creative:**

Willingness of others consider to your ideas	1	2	3	4	5
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**Interaction with Others:**

Opportunity to contribute to a team project	1	2	3	4	5
Questions were encouraged and answered.	1	2	3	4	5
Access to one or more mentors (supervisor or employees)	1	2	3	4	5

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

**Additional Comments:**

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*Intern's Signature*

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*Date*