Student Evaluation

Semester (circle one): Fall  Spring  Summer

Date:______________________________

This completed form should accurately assess your internship experience. It does not need to be reviewed by your employer.

Student:______________________________ Graduation Date: ________________________________

Internship Employer: ___________________________ Division: __________________________

Department: __________________________

Address: _____________________________________________________________

Street  City  State  ZIP

Position Title: __________________________

Briefly describe your work assignment: ____________________________________________

__________________________________________

Supervisor: ___________________________ HR Employer Coordinator: ___________________________

Work Period Starting Date: __________________________ Anticipated Completion Date: __________________________

Regular Working Hours: Daily from ______ to _______; Saturday to __________________________

Regular overtime by days and hours, if any: __________________________

Average Overtime per Week (in hours): ________. Time Absent: ________. Causes: __________________________

Gross Pay Rate (mark one): ________ per Hour  Week  Month  Estimated Total Gross Period Income: __________________________

Latest Change in Gross Pay from________ to ________ per Hour  Week  Month  Change effective: ________

Please rate the OVERALL quality and value of this Work Session by marking one of the following:

(1=Low, 10=High)  1  2  3  4  5  6  7  8  9  10

Internship Faculty Advisor: ____________________________
### Internship Experience Assessment

**1.** Relationship of work to your academic/career interests.
- No Relationship
- Highly Related

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**2.** Were you adequately prepared academically for your assignment?
- Under Prepared
- Over Prepared

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**3.** Was your work assignment challenging?
- Little Challenge
- Overwhelmed

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**4.** Employer's understanding and management of the Internship.
- Poor
- Excellent

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**5.** Employer supervision and guidance during your Internship assignment.
- Poor
- Excellent

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**6.** Your relationship with your fellow employees.
- Poor
- Excellent

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**7.** Overall evaluation of your employer as a internship participant.
- Poor
- Excellent

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**8.** Did you have an exit interview with your Employer Coordinator?
- Yes
- No

**9.** Did you discuss this evaluation with your employer coordinator or supervisor?
- Yes
- No

### Compensation and Solicitation

How adequately were you compensated for your efforts during the work session in terms of:

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<th>Poor</th>
<th>Excellent</th>
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<tr>
<td>Salary</td>
<td>1 2 3 4 5</td>
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<td>Recognition by co-workers</td>
<td>1 2 3 4 5</td>
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How actively were your suggestions solicited for improvements in:

- Co-Op Program with employer | 1 2 3 4 5 |
- Business/Technical Matters | 1 2 3 4 5 |

**What new skills did you learn during this internship session?**

**Suggestions for improvement of the program (use back of page if necessary):**