

The Ralph W. Ketner School of Business Experiential Learning

**STUDENT EVALUATION OF INTERNSHIP
TO BE COMPLETED AFTER THE EXPERIENCE**

Student's name: _____

Email address: _____ Phone: _____

Campus address: _____

Major: _____ Advisor: _____

Intern Site (name of organization, agency, or business): _____

Supervisor: _____ Title: _____

Email: _____ Phone: _____

Address: _____

Please answer the following questions/statements as accurately and honestly as possible by circling the best number.

5= Strongly agree; outstanding; absolutely 4= More than agree; very good; yes
3= Agree; average; mostly 2= Somewhat agree; marginal; not really
1= Disagree; unsatisfactory; not at all N/A

- ❖ This experience contributed to or enhanced my understanding of business principles in the work place.

5	4	3	2	1	N/A
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- ❖ This experience had a positive impact on my professional development.

5	4	3	2	1	N/A
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- ❖ The internship experience was directly related to my major and/or minor.

5	4	3	2	1	N/A
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- ❖ Adequate training and supervision was provided.

5	4	3	2	1	N/A
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- ❖ My supervisor adhered to the learning objectives/project guidelines established at the beginning of the experience.

5	4	3	2	1	N/A
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- ❖ This was a positive experience.

5	4	3	2	1	N/A
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- ❖ Please briefly describe any skills you feel were either developed ore enhanced, as well as valued, during your experience. _____
- ❖ Please provide any additional information or insight that you feel would be beneficial to future students who are interested in an internship with this organization. _____
- ❖ I would recommend this experience to future business students:

5	4	3	2	1	N/A
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