INSTRUCTIONS
The information you provide in this evaluation will be kept confidential, unless you specify otherwise. The purpose of this evaluation is to determine the effectiveness of the internship experience and the appropriateness of continuing our relationship with the employer. Please be specific and objective. Thank you for your constructive comments and feedback.

PLEASE UPLOAD THIS EVALUATION FORM TO BLACKBOARD
Intern Name: ___________________________ Internship Position: ___________________________
Sponsoring Employer: ___________________ Supervisor Name: ___________________________
Supervisor E-mail Address: ___________________ Supervisor Phone: _________________________
Internship Start Date: _____________________ Internship End Date: _________________________

Rating System:
1 - Strongly Disagree; 2 - Disagree Somewhat; 3 - Neutral Feeling; 4 - Agree Somewhat; 5 - Strongly Agree

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<tr>
<th>JOB EXPERIENCE</th>
<th>RATING</th>
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| **WORK LOAD**
  Appropriate expectations and achievable goals set by supervisor | | |
| **QUALITY OF SUPERVISION**
  Meaningful direction given; questions answered; professional training provided | | |
| **PROFESSIONAL DEVELOPMENT**
  Internship activities provided insight into field and nature of profession or industry | | |
| **QUALITY OF EXPERIENCE**
  Challenging assignments; reality of internship matched expectations as originally presented; productive learning experience | | |
Additional Comments:

Have you been offered a full-time position with this company? Yes _____ No _____

If yes, are you accepting the offer? Yes _____ No _____

Would you recommend this internship to another student? Yes _____ No _____

Why or Why Not?

May we share this evaluation with prospective interns? Yes _____ No _____

Intern Signature: ____________________________

Date: ____________________________

PLEASE COMPLETE, SIGN AND UPLOAD EVALUATION TO BLACKBOARD