

STUDENT INTERN EVALUATION FORM

STUDENT NAME	
HU ID NUMBER	
INTERNSHIP START DATE	
INTERNSHIP END DATE	
TOTAL HOURS WORKED	
ORGANIZATION NAME	
SUPERVISOR'S NAME	

Please evaluate your internship experience using the following scale

1	2	3	4	5
Strongly Disagree				Strongly Agree

You may enter N/A (Not applicable to the work environment or internship) if the question does not apply to the internship.

Do include comments whenever possible to help us understand the value of the internship.

1. Your internship met your expectations.		1	2	3	4	5	N/A
COMMENTS							
2. You were able to produce work samples for a portfolio submission. If so, please explain. If not, please explain.		1	2	3	4	5	N/A
COMMENTS							
3. The work you did was challenging and substantive.		1	2	3	4	5	N/A
COMMENTS							
4. You were able to assume additional responsibility as your experience increased.		1	2	3	4	5	N/A
COMMENTS							
5. You are satisfied with the amount of training you received.		1	2	3	4	5	N/A
COMMENTS							
6. Your supervisor took an active interest in your learning goals and your success on the job.		1	2	3	4	5	N/A
COMMENTS							
7. There was enough work assigned to keep you busy.		1	2	3	4	5	N/A
COMMENTS							

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8. There was adequate supervision and direction for your work.		1	2	3	4	5	N/A
COMMENTS							
9. Adequate explanation was given to you concerning what was expected of you as an intern and the nature of tasks assigned.		1	2	3	4	5	N/A
COMMENTS							
10. You are better prepared to enter the work world after this internship.		1	2	3	4	5	N/A
COMMENTS							
11. You were treated on the same professional level as the other employees.		1	2	3	4	5	N/A
COMMENTS							
12. This internship helped you to clarify your career goals.		1	2	3	4	5	N/A
COMMENTS							
13. You felt as though your participation was an integral part of the work being done. You felt like part of the team.		1	2	3	4	5	N/A
COMMENTS							
14. You had adequate time to observe the various departments and divisions in the operations of the organization.		1	2	3	4	5	N/A
COMMENTS							
15. Your academic education at Hampton University was helpful in preparing you for your internship (or world of work in general). If not, please list what would have been helpful below.		1	2	3	4	5	N/A
COMMENTS							
16. The internship experience changed your earlier decisions (during pre-registration) on the selection of courses for the coming year in your program.		1	2	3	4	5	N/A
COMMENTS							

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Please provide answers to the following questions:

17. What was the most valuable aspect of your internship?											
18. What was the least valuable aspect of your internship?											
19. Were you able to apply existing skills? If so, please list them below.											
20. Did you develop skills that will be valuable to you in your future career? If so, please list them below.											
21. Would you consider working for this organization?											
YES						NO					
COMMENTS											
22. Would you recommend this internship to other students? Why?											
YES						NO					
23. If this were a course, what letter grade would you assign this internship experience?											
	A+		A		A-		B+		B		B-
	C+		C		C-		D		F		
COMMENTS											

STUDENT'S SIGNATURE

DATE

Please return the completed and signed form via email to shsjc@hamptonu.edu with subject: [YOUR NAME] Student Intern Evaluation Form (e.g. Jane Doe Student Intern Evaluation Form).

The form must be in **PDF format**, typed and not handwritten.