Form #3

INTERNSHIP – BSAN 341
STUDENT EVALUATION FORM

Semester: ____________________    Dates Worked ___________________________
Name: ___________________________    Major: ____________________________
Organization: ____________________________    Hours p/week: __________  Rate of Pay: __________
Job Title: ____________________________    Supervisor: __________________________________________

Evaluate work assignment using the following scale:

1 – Excellent
2 – Good
3 – Average
4 – Marginal
5 – Unsatisfactory

_____ Orientation to department and duties  _____ Acceptance by co-workers
_____ Quality of work assignment  _____ Education value (relation to studies)
_____ Quantity of work  _____ Career Preparation
_____ Communication w/Supervisor  _____ OVERALL RATING

What work did you perform during this intern period?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

What were the strengths and weaknesses of the training you received?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Suggestions or ideas for ways in which the Internship Program could be improved.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

How would you rate your over-all performance in this position?
(Excellent, good, fair, needs improvement)
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Student Intern’s Signature    Date