STUDENT EVALUATION OF INTERNSHIP SITE

STUDENT’S NAME: __________________________ PGM ID# __________________

NAME OF HOST SITE: _________________________________________________

INTERNSHIP START DATE (Fulltime employment): __________________________

INTERNSHIP END DATE (Fulltime employment): __________________________

INSTRUCTIONS: Place an “X” mark on each rating beside the descriptive phrase which most nearly describes the internship site being rated.

1. **LEVEL OF INTERNSHIP**

   ____ Did not meet the level of work hired for.
   ____ Met level of work hired for.
   ____ Exceeded level of work hired for.

2. **INTERN SUPERVISOR** (how much he/she was available)

   ____ Not helpful to intern in learning aspects of job.
   ____ Helpful to intern when approached with questions.
   ____ Always willing to help intern learn the business.

3. **LEARNING EXPERIENCE**

   ____ Did not learn anything at this site.
   ____ Learned more than what was known prior to this internship.
   ____ Internship was very informative and I learned a great deal.

**COMMENTS**

Please comment on what you feel you have learned at this point. ______________________________

____________________________________________________________________________________

____________________________________________________________________________________

What are the greatest strengths of this internship site? _________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What improvements do you feel are needed to make this internship site more effective?

____________________________________________________________________________________

____________________________________________________________________________________
Any other comments concerning your experience at this internship site?

________________________________________________________________________

________________________________________________________________________

In evaluating this site as an internship setting for other students, how would you rate this facility?

____ Not recommended as a PGM internship site

____ Below average

____ Average

____ Above average

____ Highly recommend

By signing this I am verifying that I have reviewed this document with the Internship Coordinator in a post-internship interview.

__________________________       ________________________
Student’s Signature            Date

Comments on post-internship interview

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

__________________________       ________________________
Coordinator’s Signature        Date