STUDENT Evaluation Form

Your name ___________________________ Date ______________

Off-Campus Supervisor__________________ Faculty Sponsor_________________________

Internship Site__________________________

Internship Site Phone and Email ________________________________

How did you find out about your internship? ____________________________

**Please answer all questions below with careful thought and honesty. Your feedback is very important and will be used to assess and improve the program.**

Using a scale of 1 to 5, with 5 being the highest possible score, please rank the following aspects of your internship experience:

- _____ On-site Orientation/Training
- _____ Quality of Supervision
- _____ Responsibility given
- _____ Ability to test your career interests
- _____ Ability to test your skills
- _____ Physical environment
- _____ Exposure to ‘real world’ work environment
- _____ Meaningful work experience
- _____ Improvement of YOUR work skills

How would you characterize your contributions to the organization?

- _____ Extremely useful
- _____ Helpful
- _____ Neutral
- _____ Not Helpful

Were you offered a permanent or other type of position at the organization? ______________

Briefly describe your primary duties:

Please mention any special strengths or weaknesses you noted about your experience:

What recommendations would you suggest to improve the internship?

Would you recommend this site for future Salem interns? YES_____ NO_______ If no, please explain.

__________________________________________
Signature  __________________________________ 
Print Your Name

*Please return 1 copy of this evaluation to: the Career Development and Internships Office at Salem College, via mail to 601 South Church Street, Shober House, Winston-Salem, NC 27101 or via fax: 336-917-5582

Return 1 copy to your faculty sponsor.*