



CAREER SERVICES
College Drive • P.O. Box 2001
Toms River, NJ 08754-2001
PHONE 732-255-0400 ext. 2349
TTY & VOICE RELAY 711

STUDENT EVALUATION OF INTERNSHIP

Student \_\_\_\_\_ Semester \_\_\_\_\_ Date \_\_\_\_\_

Site \_\_\_\_\_

Site Supervisor \_\_\_\_\_

Please evaluate your internship experience and return it to the Career Services Office.

1. I was given adequate training and/or explanation of projects. [ ] Yes [ ] No

Comments \_\_\_\_\_

2. I had regular interaction with my supervisor and received constructive feedback. [ ] Yes [ ] No

Comments \_\_\_\_\_

3. The work I performed was challenging and interesting. [ ] Yes [ ] No

Comments \_\_\_\_\_

4. This experience gave me a better understanding of my career choice. [ ] Yes [ ] No

Comments \_\_\_\_\_

5. I felt prepared for this internship. [ ] Yes [ ] No

Comments \_\_\_\_\_

6. This internship presented many opportunities to learn. [ ] Yes [ ] No

Comments \_\_\_\_\_

7. Overall, how would you rate your experience at this site? [ ] Exceeded expectations [ ] Met expectations [ ] Did not meet expectations

Comments \_\_\_\_\_

8. Would you recommend this internship site to another student? [ ] Highly recommend [ ] Recommend [ ] Do not recommend

Comments \_\_\_\_\_

Student's Signature \_\_\_\_\_

Faculty Mentor's Signature \_\_\_\_\_