

# Student Evaluation of Internship Experience

Student Name: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Company/Org: \_\_\_\_\_

Student ID#: \_\_\_\_\_  
Title: \_\_\_\_\_  
Internship Period: From \_\_\_\_\_ To \_\_\_\_\_

Please take a few minutes to reflect on your internship experience as it relates to the development of your career goals, quality of assignments, networking opportunities, and professional development.

Return completed evaluation to:

Career Center, Internship Program  
900 University Avenue  
Riverside, CA 92521

1 - Excellent • 2 - Good • 3 - Average • 4 - Below Average • 5 - Poor • N/A

___ Orientation to the position	___ Relevance to development of your career goals
___ Training received	___ Opportunity to develop new skills and abilities
___ Quality and educational value of responsibilities	___ Given increased responsibility
___ Quality of supervision	___ Significant activities, projects, assignments
___ Opportunity to make a meaningful contribution	___ Knowledge gained about the profession/industry
___ Workload and productivity	___ Physical work environment
___ Effective use of your time and abilities	___ Overall rating

What significant activities, assignments, and/or projects did you work on?

What specific skills and abilities did you apply and/or acquire through your internship?

Did the internship influence your future academic and career plans? If so, how?

Please reflect on areas for improvement and suggestions for improving the internship program at this organization.

Would you be willing to participate in a Career Center panel of student interns? \_\_\_ Yes \_\_\_ No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_