

University of Arizona

**STUDENT'S INTERNSHIP EVALUATION FORM**

*(To be completed by the Intern)*

*Please return to Jennifer Columbus, Graduate Coordinator*

**LING593A Internship in HLT**

This form is for you (the student) to assess your internship experience. *At the conclusion of the internship, by the end of the semester or summer term, complete this form and give it to your course instructor along with the 5 page final report.*

**Intern Name:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_ **Sponsoring Supervisor:** \_\_\_\_\_

Select the number that best reflects your level of agreement/disagreement with each of the following statements. **1 = Strongly Agree; 5 = Strongly Disagree**

I achieved my learning goals during the internship.
I received training in a profession/field related to my studies.
I experienced some of the realities of working in the profession/field.
I successfully completed my assigned responsibilities and duties.

Evaluate the following aspects of your internship by selecting the number that best reflects your experience. If the aspect does not apply, select N/A.

**1 = Outstanding; 5 = Unsatisfactory**

**Work Environment:**

Clarity of organizational structure
Access to necessary materials and/or equipment
Collegiality/friendliness of the employees
Attitude of respect for interns

**Support and Feedback:**

From your supervisor
From other employees with whom you interacted

**Opportunity to be Creative:**

Willingness of others consider to your ideas
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**Interaction with Others:**

Opportunity to contribute to a team project
Questions were encouraged and answered.
Access to one or more mentors (supervisor or employees)

**Overall Evaluation of Internship (select one):**

\_\_\_\_\_  
*Intern's Signature*

\_\_\_\_\_  
*Date*