

DEPARTMENT OF MANAGEMENT/MIS
College of Business
University of West Florida
Student Internship Evaluation Form

Please Print

Student Name _____

Business Name _____

Supervisor's Name _____

Internship Period: Year _____ Semester: Spring _____ Summer _____ Fall _____

Will you continue in this position? ___Yes ___No If yes, when? _____

Directions: Please evaluate your internship experience with this employer using the following scale:
E=Excellent A=Above Average S=Satisfactory N=Needs Improvement U=Unsatisfactory N/A=Not Applicable

	RATING	COMMENTS OR EXAMPLES
WORK EXPERIENCE		
Relationship of work to career goals		
Training received		
Supervision received		
Level of responsibility assigned		
Abilities utilized		
Overall rating of work experience		
LEARNING EXPERIENCE		
Learned information or skills not learned in class		
Gained career/professional knowledge		
Relationship of academic assignments to work		
Overall rating of learning experience		
PERSONAL DEVELOPMENT		
Gained greater self-confidence		
Improved understanding of strengths, weaknesses		
Met people who contributed to professional growth		
Overall rating of personal development		

How did the experience affect your educational or professional plans? ___Confirmed Plans ___Changed Plans

Any additional comments:

Student' Signature: _____

Date: _____