

Please Print

Student Name _____ UWF ID # 970 _____

Employer _____ Supervisor _____

Internship Period: Year _____

Fall Summer

Spring Other _____

Will you continue this position?

yes If yes, when? _____

no

Directions: Objectively evaluate your experience with this employer using the rating scale shown below.

E-Excellent A-Above Average S-Satisfactory N-Needs Improvement U-Unsatisfactory N/A-Not Applicable		
WORK EXPERIENCE	RATING	COMMENTS, EXAMPLES
Relationship of work to career goals		
Training received		
Supervision received		
Level of responsibility assigned		
Abilities utilized		
<i>Overall rating of work experience</i>		
LEARNING EXPERIENCE		
Learned information, skills, or techniques not learned in class		
Gained career/professional knowledge		
Relationship of academic assignments to work		
<i>Overall rating of learning</i>		
PERSONAL DEVELOPMENT		
Gained greater self-confidence		
Improved understanding of strengths, weaknesses		
Met people who contributed to professional growth		
<i>Overall rating of development</i>		

How did this experience affect your educational or professional plans?

Confirmed Plans Changed Plans Other (explain)

Student's Signature _____ Date _____

At the end of the semester, please email directly to gprescott@uwf.edu, or fax to 850-473-7060.