

Final Evaluation Form
Intern's Final Evaluation of Internship Site and Experience

Intern: _____

Intern Job Title: _____

Phone: _____

Email: _____

Date Started Internship: _____

Date of Evaluation: _____

Supervisor Name: _____

Place of Internship: _____

Evaluation of Personal Experience

Please circle the rating that best applies to you. (1 indicating Not At All, 5 indicating A Great Deal)

			Not at All		A
Great Deal					
1.How much did you learn from working at your site?	1	2	3	4	5
2.Do you think you made a significant contribution to your community?	1	2	3	4	5
3.Did your experience increase your level of commitment to "get involved" in your community?	1	2	3	4	5
4.How well did this course enable you to integrate your classroom learning?	1	2	3	4	5
5.To what extent did your assigned tasks					

facilitate your internship contract goals & objectives?	1	2	3	4	5
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6. Did your internship experience have any effect on the following?

a. improved relationships with SMSU faculty	1	2	3	4	5
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b. increased desire to stay in college	1	2	3	4	5
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c. heightened self-confidence	1	2	3	4	5
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d. heightened insight into personal	1	2	3	4	5
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strengths and weaknesses

e. enhanced ability to work and learn independently	1	2	3	4	5
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7. In what way did your Internship experience change your career or educational plans?

Confirmed your plans

Decided to change career plans

Made you question your previous choice

Had no effect

Additional Comments:

Performance of Internship Site

Please circle the rating that best applies to you. (1 indicating Not At All, 5 indicating A Great Deal)

		Not at All			A
Great Deal					
1. How challenging was your work?	1	2	3	4	5
2. Were your tasks / assignments clear?	1	2	3	4	5
3. Were your tasks / assignments interesting?	1	2	3	4	5
4. Were persons at your site helpful?	1	2	3	4	5
5. Were you given adequate orientation / training?	1	2	3	4	5
6. Did your site provide you with enough work?	1	2	3	4	5
7. How relevant was your classroom learning to your					

internship placement?

1 2 3 4 5

Please rate your experience with the following. (1 being Negative, 3 Neutral, 5 Positive)

	Negative			Positive	
	1	2	3	4	5
Supervision	1	2	3	4	5
Acceptance and support	1	2	3	4	5
Recognition of your efforts	1	2	3	4	5
Work environment	1	2	3	4	5

Please rate your experience with the following. (1 being No, 3 Somewhat, 5 Yes)

	No		Somewhat		Yes
	1	2	3	4	5
9. Did your program fulfill your initial expectations?	1	2	3	4	5
10. Are you thinking of continuing to work at this site, or engage in any other internship?	1	2	3	4	5
11. Would you recommend to your friends that they take an internship course?	1	2	3	4	5
12. In what ways, if any, can your site improve the experience for future internship students?					

Performance of Faculty Supervisor

Please rate your experience with the following. (1 being No, 3 Somewhat, 5 Yes)

	No		Somewhat		Yes
	1	2	3	4	5
1. I got enough information and assistance from the Internship Faculty Supervisor.	1	2	3	4	5
2. I felt I could go to my Faculty Supervisor with any questions or concerns I had regarding my internship.	1	2	3	4	5

3. The different roles of the Faculty Supervisor and Site Supervisor were clear.	1	2	3	4	5
4. The Faculty Supervisor helped me with my internship experience, if I needed.	1	2	3	4	5
5. The Faculty Supervisor made the required documents easy to find.	1	2	3	4	5

Additional Comments:

Please sign below and return to:

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Intern signature

Date

Faculty Supervisor signature

Date

