

**Mid-Internship Evaluation Form**  
**Student's Evaluation of Self**

Intern: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Site: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Phone (home/cell): \_\_\_\_\_

Time Period of Internship (beginning to now): \_\_\_\_\_

Describe your current internship site and responsibilities/tasks expected of you:

Circle the number which best indicates your perception of your current placement:

	<b>ALWAYS . . . . . NEVER</b>				
There are ample opportunities for learning?	5	4	3	2	1
There is a good mix between routine tasks and work assignments with greater learning potential?	5	4	3	2	1
My activities/tasks fulfill my expectations of this role.	5	4	3	2	1
I receive adequate orientation for any job/task that is expected of me.	5	4	3	2	1
I receive assistance when I need it.	5	4	3	2	1
I feel free to ask questions.	5	4	3	2	1
I receive adequate and on-going feedback.	5	4	3	2	1
I have regular meetings with my supervisor.	5	4	3	2	1

5            4            3            2            1

**Please sign below and return to:**

Intern signature

Date

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Faculty Supervisor signature

Date