

Date _____

**Please be honest in your responses - these comments will not be shared with the internship site or supervisor without express consent.*

Student Information

VU ID # _____ Student Name _____

Degree Program _____

Internship Site Name: _____

Supervisor Name: _____

Skill Evaluation Checklist:

E - Excellent (performance exceeds requirements)
F - Fair (performance is adequate)

G - Good (performance is acceptable)
P - Poor (performance is below average requirements)

- | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Sufficient opportunity to perform tasks | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 2. Clear expectations were articulated | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 3. Communication was encouraged | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 4. Constructive suggestions were offered | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 5. Leadership opportunities were provided | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 6. Opportunities were provided to work in varying environments | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 7. Interaction with co-workers | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 8. Offered support and enthusiasm | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 9. Professionalism of organization/company | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 10. Overall experience | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |

Were you adequately prepared for your internship experience? If not, in what ways could you have been better prepared?

Additional comments:

Would you recommend this organization/company for future internship placements? Yes No

Student Signature _____ Date _____