

Intern's Evaluation

FORM D

Note: All internship/coop forms may be found at: <http://www.murraystate.edu/iet/interns.html>

Intern: _____ Date: _____
Student's Name

Employer: _____ Supervisor: _____
Company Name Name

Directions: Please evaluate the internship/coop experience using the scale below:

- | | | |
|-------------------|-------------------|----------------------|
| 5 – Excellent | 3 – Satisfactory | 1 – Unsatisfactory |
| 4 – Above average | 2 – Below average | N/A – Not applicable |

Work Experience	Rating	Comments
Relationship of work to career goals		
Training received		
Supervision Received		
Level of responsibility assigned		
Abilities utilized		
Overall rating of Performance		

Learning Experience	Rating	Comments
Learned information, skills or techniques not learned in class		
Gained career and professional knowledge		
Relationship of academic preparation to work assigned		
Overall rating of Learning		

Professional Development	Rating	Comments
Gained greater self-confidence		
Improved understanding of strengths and weaknesses		
Met people who contributed to my professional growth		
Overall rating of Professional Development		

Overall rating of Internship/Coop experience (rate 1 to 5):

