

# INTERNSHIP STUDENT EVALUATION

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Name (Last, First, Middle): \_\_\_\_\_

M Number: \_\_\_\_\_ Murray State Email: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_  International Student (used CPT)

Internship Course Advisor: \_\_\_\_\_ Internship Course Name/Number: \_\_\_\_\_

Semester  Spring  Summer  Fall Year \_\_\_\_\_

List your major duties/responsibilities in descending order of complexity and importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The following skills and personal traits are regularly rated as desired by employers. Evaluate your performance in each area:

Adapt to New/Changing Circumstances .....	Below Average	Average	Above Average
Analytical / Quantitative .....	Below Average	Average	Above Average
Communication (Verbal).....	Below Average	Average	Above Average
Communication (Written).....	Below Average	Average	Above Average
Critical Thinking/Analytical Reasoning.....	Below Average	Average	Above Average
Global/Cultural Awareness .....	Below Average	Average	Above Average
Initiative .....	Below Average	Average	Above Average
Innovation / Creativity .....	Below Average	Average	Above Average
Leadership / Decision-Making.....	Below Average	Average	Above Average
Organizational Awareness / Cultural Fit .....	Below Average	Average	Above Average
Problem Solving.....	Below Average	Average	Above Average
Self-awareness / Social Intelligence .....	Below Average	Average	Above Average
Teamwork / Collaboration .....	Below Average	Average	Above Average

Comments:



Based on the goals and learning outcomes you developed prior to beginning your internship, please reflect on how you met, exceeded or failed to meet your goals. You may add additional documentation.

**GOAL/LEARNING OUTCOME # 1:**

I met this objective in the following ways:

The evidence of my success is

**GOAL/LEARNING OUTCOME # 2:**

I met this objective in the following ways:

The evidence of my success is

**GOAL/LEARNING OUTCOME # 3:**

I met this objective in the following ways:

The evidence of my success is

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What about this experience was most beneficial to your professional development?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you plan to intern with this employer again in the future?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, will you seek another internship assignment prior to graduation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you recommend this internship site to other students?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_