



## The Centre of Occupational Studies

### Student Internship Evaluation Form

*(To be completed by the Student-Intern)*

<b>Name of Student-Intern</b>	
<b>Occupational A.D. Programme</b>	
<b>Period of Internship</b>	
<b>Internship Monitoring Officer</b>	
<b>Internship Site Supervisor</b>	

The purpose of this form is to provide an opportunity for feedback on the internship experience. Please rate the following aspects of your internship using the following scale. The ratings ranges from 1 to 4 are as follows (circle the appropriate number):

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|----------------------|--|
| 1 = Poor             | Does not meet expectations                   |
| 2 = Fair             | Meets expectations                           |
| 3 = Good             | Sometimes exceed expectations                |
| 4 = Excellent        | consistently exceeds expectations            |
| N/A = Not Applicable | Not applicable to this internship experience |

CRITERIA	RATINGS				
	1	2	3	4	N/A
Provided orientation to the organization.	1	2	3	4	N/A
Internship experience relates to my area of study.	1	2	3	4	N/A
Adequacy of exposure to acquire/enhance related occupational competencies.	1	2	3	4	N/A
Helpfulness of supervisor and other staff members.	1	2	3	4	N/A

Opportunity to apply learning during internship experience	1	2	3	4	N/A
Opportunity to develop my professional and social relations skills.	1	2	3	4	N/A
Provided duties consistency with my level/areas of study.	1	2	3	4	N/A
Opportunity to develop my technical communication skills.	1	2	3	4	N/A
Opportunity to develop my professional communication skills.	1	2	3	4	N/A
Opportunity to use my initiative and creativity in execution of duties.	1	2	3	4	N/A
Opportunity to participate in problem solving.	1	2	3	4	N/A
Opportunity to apply critical thinking to assigned tasks/duties.	1	2	3	4	N/A
Supervisor's/ Staff's effort to make the internship a learning experience for me.	1	2	3	4	N/A
Was your internship experience adequately monitored by your institutional monitored	1	2	3	4	N/A

a) Would you intern with this supervisor again? Yes                      No                      Uncertain  
If no, please explain.

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b) Would you intern with this monitoring officer again? Yes                      No                      Uncertain  
If no, please explain.

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c) Would you intern for this organization again? Yes                      No                      Uncertain  
If no, please explain.

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d) Would you recommend this organization to other students? Yes No Uncertain  
If no, please explain.

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e) What did you enjoy most about your internship?

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f) Please share below additional comments and you recommendations to make the internship a better experience:

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Student-Intern (Sig.): \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Return this completed form to the Internship Coordinator \*\*\***