INTERNSHIP ASSESSMENT

Name: ____________________________________________________________

Major: ____________________________________________________________ or  □ Undeclared

School Status: (please check)

☐ Freshman    ☐ Graduate Student
☐ Sophomore   ☐ Second Degree
☐ Junior      ☐ Non-Degree
☐ Senior

Semester of Internship: ☐ Fall    ☐ Spring    ☐ Summer    Year: ________

Internship Site: ____________________________________________________

1) How many internships have you participated in prior to the one you are presently doing? (please check)

☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4

2) Why did you choose to participate in this internship? (please check off top 3 choices)

☐ Gain experience in my chosen field
☐ Integrate classroom learning with the work world
☐ Contacts for future job opportunities
☐ Develop my resume
☐ Learn to interview effectively
☐ Observe professionals in my intended field
☐ Graduate school preparation
☐ Letters of recommendation
☐ Others (please specify) ____________________________________________
3) The internship increased my skills in: (please check off top 3 choices)

- Software Proficiency (Word, Excel, Powerpoint, others)
- Program Planning
- Research
- Writing/Editing
- Public Speaking
- Use of Languages other than English
- Time Management
- Teaching/Training
- Project Management
- Working as Part of a Team
- Leadership
- Others (please specify) ____________________________

4) I was able to integrate my internship with my academic studies: (please check)

- Agree
- Somewhat Agree
- Somewhat Disagree
- Disagree

5) As a result of my internship, I feel more certain about my field of study/career goals? (please check)

- Agree
- Somewhat Agree
- Somewhat Disagree
- Disagree

6) As a result of my internship: (please check)

- I plan to pursue a career in the same field
- I do not plan to pursue a career in the same field

7) Overall, the internship: (please check)

- was a valuable experience.
- was not a valuable experience.

8) Comments: ________________________________________________________________

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