

**Internship Host/Supervisor Evaluation Form**

This evaluation form must be completed by the intern upon completion of the internship. Course credit cannot be given until this form is completed and returned to the FAS internship coordinator.

Intern name: \_\_\_\_\_

Internship Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please evaluate the following characteristics for the above-named student intern:**  
*Rating Scale: 5=Strongly Agree, 4=Agree, 3=Neutral, 2=Disagree, 1=Strongly Disagree*

<b>Characteristic</b>	<b>Rating</b>
My supervisor clearly defined my role and duties as an intern	
I received training appropriate to the duties expected of me during my internship	
My responsibilities were consistent with my academic background and preparation	
My host organization facilitated a variety of professional experiences for me	
My supervisor was helpful throughout my internship	
I am satisfied with my internship experience at this organization	
I would recommend this organization to other potential interns	

Approximately how many hours did you work during the internship? \_\_\_\_\_

**Please comment on your internship supervisor and your overall internship experience:**

*Intern/student signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_