

# STUDENT EVALUATION OF WORK EXPERIENCE

Internship Semester \_\_\_\_\_ Year \_\_\_\_\_

This questionnaire is to evaluate the effectiveness of your internship work experience in terms of how this work assignment contributed to your education. It will provide valuable feedback to our program and to your academic department on what you have learned.

Name: \_\_\_\_\_ Major: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Student's Title: \_\_\_\_\_ Wage Rate: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Classification: Fr So Jr Sr Grad

How did you first find out about this work experience?  
\_\_\_\_\_ Career Services \_\_\_\_\_ Employer  
\_\_\_\_\_ Faculty/Advisor \_\_\_\_\_ Another Student  
\_\_\_\_\_ Other (please specify)

**Please rate your work experience by circling the appropriate number.**

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
1. Opportunity for learning.	1	2	3	4	5
2. Applying classroom learning.	1	2	3	4	5
3. Gaining practical experience.	1	2	3	4	5
4. Developing professional skills.	1	2	3	4	5
5. Gaining self-confidence.	1	2	3	4	5
6. Learning how to work with colleagues or in a team.	1	2	3	4	5
7. Learning about business skills and practices.	1	2	3	4	5
8. Clarifying future career goals.	1	2	3	4	5
9. Challenging responsibilities.	1	2	3	4	5
10. Adequate training for your responsibilities.	1	2	3	4	5
11. Gaining experience that will apply to your career.	1	2	3	4	5
12. Other employees receptive to you.	1	2	3	4	5
13. Work experience valuable as part of overall education.	1	2	3	4	5
14. Communication with your supervisor.	1	2	3	4	5
15. Assistance from Career Services.	1	2	3	4	5

Briefly describe your position and responsibilities:

What was the best part of your work experience?

What are your major concerns about this position? (if any)

What do you know now that you wish you had known *before* the internship work experience?

Did this work experience meet your expectations? \_\_\_ Yes \_\_\_ No If no, why not?

Do you have any comments about your internship experience that would motivate other students to participate in an internship program? May we publish your comments?  Yes  No

Did you discuss your evaluation with your supervisor?  Yes  No

Did you keep in touch with Career Services during this work period?  Yes  No

Did you keep in touch with your faculty advisor during this work period?  Yes  No

Please indicate your plans for *next semester* by placing a check beside all statements below which apply:

I plan to enroll in courses (*full-time part-time*) at ESU.

I plan to continue my internship.

None of the above statements apply to my plans for next semester.

(Please explain)

Please place a check beside each statement which applies to your plans for *future semesters*:

I plan to return to my internship position. Semester

I will be ready for a new internship position. Semester

I will no longer be participating in the internship program.

(Please explain)

Any Additional Comments:

Signed: \_\_\_\_\_

Date:

Thank you for completing this evaluation and returning it to Career Services,  
1200 Commercial St., Box 4014, S. Morse Hall Room 433, Emporia, Kansas, 66801