Student Critique of Internship Experience

Student Name ______________________________ Faculty Advisor _______________________

Company/Organization ______________ Site Supervisor _____________________

Please complete this evaluation of your internship experience, in order to help us develop the best experiential learning opportunities for our interns. This evaluation must be completed and submitted to your Advisor, before you can receive a grade and academic credit.

Based on the employer’s commitments per the learning agreement, please rate the internship site and supervisor’s effectiveness.

(1= very ineffective, 2 = not effective, 3 = neutral, 4 = effective, 5 = very effective)

___Did the employer fulfill commitments made in the learning agreement?
___Assignments of tasks and activities were relevant to the learning agreement.
___Quality of supervision received & communication with site supervisor
___Acceptance by co-workers
___Availability, guidance, and supervision from site supervisor
___How highly would you rate this placement for other students?
___Overall rating of internship experience
Please rate how effectively the internship experience prepared you for the following career proficiencies:

(1= very ineffective, 2 = not effective, 3 = neutral, 4 = effective, 5 = very effective)

___ Increased my ability to adapt and transfer work skills to new settings

___ Strengthened my oral and written communication skills

___ Offered me opportunities to practice critical thinking (careful judgment and insight)

___ Improved teamwork and planning skills

___ Helped make use of my academic training (application of academic theories)

___ Assisted me in developing better time management strategies

___ Increased my awareness of the ethical implications of work

___ Strengthened my leadership skills (i.e., influence others, develop ideas with others, stimulate decision-making and take action)

___ Increased my empathy skills (understanding the perspective of others and how each team member is inter-dependent)

___ Increased my ownership of work performed (i.e., taking initiative and/or completing assignments on time)

___ This internship helped to confirm my career plans.

Please rate how effectively YOUR OVERALL PERFORMANCE met the internship job description and learning objectives:

___ Overall Performance Rating

(1= very ineffective, 2 = not effective, 3 = neutral, 4 = effective, 5 = very effective)

Please list your strengths and weaknesses learned in this internship: ________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please list specific skills you have learned in this internship: ________________________________

________________________________________________________________________________________
What did you enjoy most about the internship? (Explain): ____________________________
______________________________________________________________________________

What did you enjoy least about the internship? (Explain): ____________________________
______________________________________________________________________________
______________________________________________________________________________

What do you think was most helpful about the internship? (Explain): ________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Should Tusculum continue to send students to this employer for internships? (Explain): ______
______________________________________________________________________________
______________________________________________________________________________

If you had it to do over, would you complete this internship, again? (Explain): ______________
______________________________________________________________________________
______________________________________________________________________________

Have you discussed this critique with your work supervisor? ___ Yes ___ No
(You are not required to discuss this critique with your supervisor.)

_____ Total Number of Hours Worked

_____ Number of Academic Credit Hours Earned

Student’s Signature ____________________________ Date: ________________

Please submit one signed copy of this form to your Faculty Advisor & one copy to Robin Lay, Director of Career Services at rlay@tusculum.edu or campus mail at P.O. Box 5082
File Date: 12/5/14