



Your University of Choice

## Student Internship Satisfaction Survey

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Internship Location \_\_\_\_\_

Supervisor Name \_\_\_\_\_

**Please circle the number that represents your experience in your internship.**

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
I was assigned meaningful tasks during my internship.	5	4	3	2	1
My internship assignments were relevant to my academic coursework.	5	4	3	2	1
My internship assignments were relevant to my interests.	5	4	3	2	1
I had regular supervision and guidance from my supervisor.	5	4	3	2	1
My supervisor and/or other staff were available if I had questions.	5	4	3	2	1
I learned new knowledge in my internship.	5	4	3	2	1
I learned new skills in my internship.	5	4	3	2	1
I learned something new about myself.	5	4	3	2	1

Would you recommend this internship to other students?

☐

Yes

☐

No

☐

Maybe

Comments:

Please return this form to:

Coordinator of Experiential Learning  
Calumet College of St. Joseph  
2400 New York Ave  
Whiting, Indiana 46394

www.ccsj.edu · (219) 473-4341 · Fax: (219) 473-4277