



Student Final Internship Evaluation

(To be completed by student)

Thank you for taking the time to complete the I@S final internship evaluation. Your comments help create a stronger internship program at Michigan State University.

This evaluation is for the I@S internship program.

You are also required to review this evaluation with your internship supervisor.

Student Name: _____
(Last) (First) (Middle)

Student E-Mail: _____ Student Major: _____

Class Level: _____ Department Internship In: _____

Supervisor Name: _____

Student's Internship Title: _____

Please rate the following statements below based on your internship experience:

	POOR				EXCELLENT
Your individual job performance	1	2	3	4	5
Your attendance	1	2	3	4	5
Your attitude in the workplace	1	2	3	4	5
Your supervisor's availability to answer questions	1	2	3	4	5
Regularly scheduled meetings with your supervisor	1	2	3	4	5
Your willingness to ask for help	1	2	3	4	5
Job duties were related to your learning agreement objectives	1	2	3	4	5
Developed skills that are valuable in your career field	1	2	3	4	5
You met expectations set in the learning agreement	1	2	3	4	5
Received necessary training and resources to do your job	1	2	3	4	5

Used what you learned on the job in the classroom	1	2	3	4	5
Your work load was challenging	1	2	3	4	5
Your overall internship experience	1	2	3	4	5

Please rate the following statements about your internship on a scale of 0-4

0=not applicable, 1=strongly disagree, 2=disagree somewhat, 3=agree somewhat, 4=strongly agree

You were able to assume more responsibility as you gained more experience	0	1	2	3	4
Your supervisor was interested in your success on the job	0	1	2	3	4
You can use your internship supervisor as a reference	0	1	2	3	4
You feel more prepared to enter the workforce	0	1	2	3	4
You were treated on the same professional level as other employees	0	1	2	3	4
The internship helped you identify career goals	0	1	2	3	4

Through the internship you: (rate on same scale of 0 – 4)

Worked with a diverse group of people	0	1	2	3	4
Learned how to manage your time and prioritize	0	1	2	3	4
Acquired knowledge	0	1	2	3	4
Developed critical thinking skills	0	1	2	3	4
Communicated effectively	0	1	2	3	4
Problem solved	0	1	2	3	4
Worked as part of a team	0	1	2	3	4
Worked outside your comfort zone (exposed to new perspectives)	0	1	2	3	4
Performed your job with integrity	0	1	2	3	4
Developed professional skills	0	1	2	3	4
Balanced work and life effectively	0	1	2	3	4
Embraced change	0	1	2	3	4

Would you recommend this internship to others? Why or why not? _____

What did you learn and what skills did you develop from your internship? _____

Additional Comments: _____

By signing below you are stating that you have reviewed the final internship evaluation with your supervisor.

Student Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Please fax or mail completed and signed form to:

Bill Morgan – Internships@State Program

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Students: Please feel free to contact me if there is any additional information regarding your internship experience you would like to discuss.