



Internship Handbook Intern Feedback

Name of Intern: _____ Department/Division: _____

Supervisor Name: _____ Beginning Date: _____ End Date: _____

Please read each statement below and circle the number that most accurately reflects your internship experience.

	Statement	Strongly Disagree					Strongly Agree				
1	I attended a RMPBS orientation	1	2	3	4	5					
2	I felt welcomed at RMPBS	1	2	3	4	5					
3	The work environment was positive and encouraging	1	2	3	4	5					
4	My supervisor/mentor clearly defined goals at the beginning of the internship	1	2	3	4	5					
5	The learning objectives were achievable and realistic	1	2	3	4	5					
6	My supervisor/mentor provided me with constructive feedback	1	2	3	4	5					
7	My supervisor/mentor was available when I needed support	1	2	3	4	5					
8	The RMPBS internship was challenging and intellectually stimulating	1	2	3	4	5					
9	I consider the RMPBS internship to be useful for my career	1	2	3	4	5					
10	I gained greater appreciation for public broadcasting	1	2	3	4	5					
11	I would recommend this internship to another student	1	2	3	4	5					

If you had a choice, would you repeat this internship again? Yes No
Why or why not?

Overall, how would you rate this internship? Good Excellent
Poor Adequate

Additional Comments:

Intern Signature

Date