**Internship Program Evaluation Form**

**Program Information**

* **Internship Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Evaluation**

| **Evaluation Criteria** | **Strongly Agree ☐** | **Agree ☐** | **Neutral ☐** | **Disagree ☐** |
| --- | --- | --- | --- | --- |
| **The internship program was well-structured** |  |  |  |  |
| **Adequate support was provided by supervisors** |  |  |  |  |
| **The program met my expectations** |  |  |  |  |
| **Learning objectives were clearly defined** |  |  |  |  |
| **Feedback was constructive and timely** |  |  |  |  |
| **Skills learned were relevant to my field** |  |  |  |  |
| **Overall satisfaction with the program** |  |  |  |  |

**Suggestions for Improvement**

| **Suggestions** | **Implementation Timeframe** | **Responsible Department** | **Notes** |
| --- | --- | --- | --- |
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**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**