

# Internship Program Evaluation Form

## Program Information

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

## Program Evaluation

Evaluation Criteria	Strongly Agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Disagree <input type="checkbox"/>
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

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_