

**University of Arizona
Internship Evaluation Form
(To be completed by the Intern)**

ABS593A Internship in ABS

This form is for you (the student) to assess your internship experience. **Complete this form before the last day of classes at the semester when the internship is performed and ABS593a units are to be accrued. Give the form to the Program Coordinator.**

Intern Name: _____

Sponsoring Organization: _____ **Sponsoring Supervisor:** _____

Place an X in the box of the number that best reflects your level of agreement/disagreement with each of the following statements.; **5 = Strongly Agree and 1 = Strongly disagree**

| | | | | | |
|---|---|---|---|---|---|
| I achieved my learning goals during the internship. | 1 | 2 | 3 | 4 | 5 |
| I received training in a profession/field related to my studies. | 1 | 2 | 3 | 4 | 5 |
| I experienced some of the realities of working in the profession/field. | 1 | 2 | 3 | 4 | 5 |
| I successfully completed my assigned responsibilities and duties. | 1 | 2 | 3 | 4 | 5 |

Evaluate the following aspects of your internship by placing an X in the box of the number that best reflects your experience. If the aspect does not apply, leave it blank.

1 = Outstanding; 5 = Unsatisfactory

Work Environment:

| | | | | | |
|--|---|---|---|---|---|
| Clarity of organizational structure | 1 | 2 | 3 | 4 | 5 |
| Access to necessary materials and/or equipment | 1 | 2 | 3 | 4 | 5 |
| Collegiality/friendliness of the employees | 1 | 2 | 3 | 4 | 5 |
| Attitude of respect for interns | 1 | 2 | 3 | 4 | 5 |

Support and Feedback:

| | | | | | |
|---|---|---|---|---|---|
| From your supervisor | 1 | 2 | 3 | 4 | 5 |
| From other employees with whom you interacted | 1 | 2 | 3 | 4 | 5 |

Opportunity to be Creative:

| | | | | | |
|--|---|---|---|---|---|
| Willingness of others consider to your ideas | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|

Interaction with Others:

| | | | | | |
|---|---|---|---|---|---|
| Opportunity to contribute to a team project | 1 | 2 | 3 | 4 | 5 |
| Questions were encouraged and answered. | 1 | 2 | 3 | 4 | 5 |
| Access to one or more mentors (supervisor or employees) | 1 | 2 | 3 | 4 | 5 |

Overall Evaluation of Internship (circle one):

Superior Excellent Satisfactory Unsatisfactory

Additional comments:

Intern's Signature

Date