



3300 College Drive, San Bruno, CA 94066 **TELEPHONE** (650) 738-4261 **WEBSITE** www.SkylineCollege.edu

Internship Progress Report

Complete this form at the conclusion of each work term and submit it to your Career Advisor or Internship Instructor. Failure to return the Internship Progress Report will result in an “Incomplete” or “Not Pass” for your internship course.

Student's Name _____

Supervisor's Name _____

Please answer the questions below to help your Career Advisor / Internship Instructor monitor your work term. This form is also shared with your academic department. If you have any questions regarding the quality of your internship experience, see your Career Advisor / Internship Instructor.

SUPERVISION

1. Was assistance from your supervisor available to you?
_____ Frequently _____ Seldom _____ Never _____ If needed
2. Was adequate explanation given to you concerning the behavior that was expected of you as an intern?
_____ Yes _____ No _____ Sometimes
3. Was adequate explanation given to you concerning your assigned tasks?
_____ Yes _____ No _____ Sometimes
4. How often did your supervisor discuss your job performance with you?
_____ Weekly _____ Monthly _____ Once or twice _____ Never

PROFESSIONAL DEVELOPMENT

1. How often did you feel the work you performed was of professional value?
_____ Always _____ Frequently _____ Sometimes _____ Seldom _____ Never
2. Do you feel your internship experience was of value to your employer? ____ Yes ____ No
3. Were you prepared academically for this internship assignment? ____ Yes ____ No
4. Did your work assignments meet your expectations? ____ Yes ____ No
5. Would you consider this company for permanent employment? ____ Yes ____ No



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6. What is your overall evaluation of this experience in relationship to your career goals?

_____ Excellent _____ Good _____ Fair _____ Poor

SUMMARY

Describe your principal responsibilities and assignments during this work term.

LEARNING OBJECTIVE SUMMARY

Take a critical look at each of the learning objectives you established at the beginning of the work term and the related action plans. Assess whether you accomplished each objective. If so, how? If not, why? (i.e. Were there barriers? Unforeseen deterrents? Change in job description? Other priorities?) Also, use the following scale to rate your accomplishment on each objective. Place a number in the box next to the learning objective summary.

| 5 | 4 | 3 | 2 | 1 |
|--------------------|---|--|---|-----------------|
| Achieved objective | | Worked toward, but did not fully achieve objective | | Did not achieve |

Learning Objectives:

1. _____

Assessment- How did you accomplish? If not, why not? _____

2. _____

Assessment- How did you accomplish? If not, why not? _____



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3. _____

☐

Assessment- How did you accomplish? If not, why not? _____

4. _____

☐

Assessment- How did you accomplish? If not, why not? _____

5. _____

☐

Assessment- How did you accomplish? If not, why not? _____

What else did you learn from this experience? _____

What is your overall assessment of this work experience in terms of what you learned?

Reviewed by Career Services / Internship Program Coordinator (initial & date):