

**Augustana College**  
**Business Administration Department**  
**Intern Self Evaluation**

Student Name  Internship Site  Site Supervisor

Evaluate your overall *performance* in the internship

Please comment on your rating of your response to the preceding question.

With respect to your internship, what do you consider your greatest strengths?

With respect to your internship, what do you consider your greatest weaknesses?

Do you feel you need more academic training / preparation to do the job in the internship field you selected?

Please comment on your response to the preceding question.

Has the internship impacted your career plans?

Please comment on your response to the preceding question.

How would you evaluate the Business Internship Program at Augustana College?

Please comment on your response to the preceding question.

Is there any additional information that you feel would be helpful in evaluating your internship experience, or are there any changes that should be made to improve the program?

SIGNATURE: Student Intern \_\_\_\_\_

Date \_\_\_\_\_