

**Calumet College of St. Joseph**

**Internship Supervisor Satisfaction Survey**

Name of Supervisor \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Name of Student \_\_\_\_\_  
Date \_\_\_\_\_

Please circle the number that represents your experience with our internship program and student(s). See rating scale below:

5 = Always    4 = Usually    3 = Sometimes    2 = Rarely    1 = Never

	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
1. The expectations of me as a supervisor were made clear by the College	5	4	3	2	1
2. I felt I knew who to contact if I had questions about my intern	5	4	3	2	1
3. I felt responded to by the College if I had questions about my intern	5	4	3	2	1
4. My intern managed his/her responsibilities in a professional manner	5	4	3	2	1
5. Based on my experience with your student(s), I would take another intern from your institution    Yes ____    No ____    Maybe ____					

Other Comments (use back page if necessary)

**Please return form to: Cheryl L. Peek, Director of Career Services, Calumet College of St. Joseph, Career Services Office-Rm. 401, 2400 New York Ave., Whiting, IN 46394**

