

## Intern Evaluation Report

College of Liberal Arts and Sciences Internship Office St. Augustine Center Room 415 (610) 519-4232 asinternship.villanova.edu

## INSTRUCTIONS

Intern Name:

The information you provide in this evaluation will be kept confidential, unless you specify otherwise. The purpose of this evaluation is to determine the effectiveness of the internship experience and the appropriateness of continuing our relationship with the employer. Please be specific and objective.

Thank you for your constructive comments and feedback.

Sponsoring Employer:

Supervisor E-mail Address:

Internship Start Date:

## PLEASE SUBMIT THIS EVALUATION FORM WITH YOUR DAILY ACTIVITY LOG AND INTERNSHIP PAPER.

Internship Position:

Supervisor Name:
Supervisor Phone:
Internship End Date:

Rating System: 1 - Strongly Disagree; 2 - Disagree Somewhat; 3– Neutral Feeling; 4 - Agree Somewhat; 5– Strongly Agree		
JOB EXPERIENCE	RATING	COMMENTS
WORK LOAD Appropriate expectations and achievable goals set by supervisor		
QUALITY OF SUPERVISION Meaningful direction given; questions answered; professional training provided		
PROFESSIONAL DEVELOPMENT Internship activities provided insight into field and nature of profession or industry		
QUALITY OF EXPERIENCE Challenging assignments; reality of internship matched expectations as originally presented; productive learning experience		

Additional Comments:
Have you been offered a full-time position with this company? Yes No
If yes, are you accepting the offer? Yes No
Would you recommend this internship to another student? Yes No Why or Why Not?
May we share this evaluation with prospective interns? Yes No
Intern Signature:

## PLEASE COMPLETE AND SIGN; FAX, OR MAIL TO:

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