

DeSales University
Office of Career Services
Student's Mid-term Evaluation of Internship Experience

Please rate the usefulness of your internship experience to date. Circle the appropriate number.

- | | low | average | high |
|--|------------|----------------|-------------|
| • How useful is the internship experience in relation to your college major? | 1 | 2 3 4 | 5 |
| • How useful is the internship experience in relation to your career objectives? | 1 | 2 3 4 | 5 |

Please rate the usefulness of the following aspects of the internship program:

- | | | | |
|---------------------------------------|---|-------|---|
| • Learning Contract | 1 | 2 3 4 | 5 |
| • Internship Log or Journal | 1 | 2 3 4 | 5 |
| • Conferences with Faculty Supervisor | 1 | 2 3 4 | 5 |
| • Conferences with Work Supervisor | 1 | 2 3 4 | 5 |

Please indicate # of conferences with faculty supervisor (i.e. mail/email/phone/in-person) _____

What do you like most about your internship? _____

What do you like least about your internship? _____

Do you have the opportunity to network with other employees or outside companies/organizations? Please describe.

Would you recommend this internship to a friend in your academic major? ___ Yes ___ No

Why? _____

Please return this completed form to the Career Services Office at DeSales University.

Student's Name _____ Date _____

Academic Major _____ Name of Faculty Supervisor _____

Name of Organization/Company _____

Name of Worksite Supervisor _____