



# WST 4940: Internship Program

## STUDENT INTERNSHIP ASSESSMENT

### Mid-Term

Submit by Email      Print Form

Intern's Name:

Organization:

Supervisor:

Date:

**Activities:** List your specific responsibilities/activities in order of how frequently you perform the task. Then, indicate the approximate percentage of your total work time spent performing that activity.

1.	%
2.	%
3.	%
4.	%
5.	%

**Experiences:** Use the drop-down list to indicate your satisfaction with each area on a 1 to 5 scale, with 5 as the most satisfied and 1 as the least satisfied. Provide additional comments, as needed, in the box below each area.

Degree to which your **Knowledge & Abilities** were utilized

Comments:

**Treatment** you received as a pre-professional adult

Comments:

Quality of **Feedback and Direction** received from your on-site supervisor

Comments:

Your overall assessment of your **Primary On-Site Supervisor**

Comments:

Overall **Degree of Satisfaction** with your internship experience

Comments:

**Recommendations:**

Would you recommend this sponsor organization to a future intern?

YES

NO

Suggestions for improving your internship experience (*be specific; think about all aspects of your experience*):