STUDENT INTERNSHIP EVALUATION FORM

Date: ______________

Internee information
Student Name: _____________________________________
Registration #:______________Program: ________ Semester: ________Section:________
Telephone #:__________________________ Cell: _________________________________
Email: ___________________________________________________________________

Organizational Information
Name of Organization: ______________________________________________________
Name of Supervisor (Designation):_____________________________________________
HR Manager (Interviewer): ___________________________________________________
Office Address: ____________________________________________________________
Office Tel: _______________________________ Fax: ____________________________
Email (optional): ___________________________________________________________

Feedback
(Note: Encircle you choice of answer)

1. I interned at the stated organization for a period of
   (a) 4 weeks   (b) 6 weeks   (c) 8 weeks   (d) Other: _____

2. I found the organization’s work environment
   (a) Highly supportive towards my personal growth and learning
   (b) Less supportive towards my growth and learning
   (c) Moderate   (d) Other: ______________________________________

3. Grade your internship experience on a scale of 1 to 10, where 1 is the lowest and 10 being the highest score. Circle your choice given below:
   1   2   3   4   5   6   7   8   9   10

4. Were you assigned any independent projects to work on?   (a) Y   (b) N

4. Any other comments:
   ___________________________________________________________________
   ___________________________________________________________________

The information provided by the respondent shall be treated as confidential and will not be communicated to any other relevant party without the prior consent of the respondent.