

# INTERN FEEDBACK FORM

*To be completed upon completion of internship and submitted to CTE Specialist.*

Intern's Name: \_\_\_\_\_ CCC Comet ID: \_\_\_\_\_

Work-site Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Internship Organization: \_\_\_\_\_

Work-site Supervisor Contact Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Internship Faculty: \_\_\_\_\_ Department: \_\_\_\_\_

Dates of Internship: From (mm/dd/yy) \_\_\_\_\_ To (mm/dd/yy) \_\_\_\_\_

Indicate the degree to which you agree or disagree with the following statements:

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
a. The orientation and training was sufficient to familiarize me with the organization.					
b. My duties were fully explained and reasonably in line with my learning contract.					
c. The work environment was appropriate for my internship activities/duties.					
d. My work-site supervisor was well organized.					
e. My work-site supervisor gave appropriate feedback.					
f. My work-site supervisor was accepting of my feedback.					
g. My work-site supervisor was supportive and perceptive.					
h. My work-site supervisor set realistic goals in terms of complexity and time restraints.					
i. My classroom experience prepared ii. me for this internship.					

1. Comments on above responses (optional):

2. How did you feel about your role as an intern in this organization?

3. Were your internship role, the organization, and your supervisor what you expected them to be? If not, how did your expectations differ from the reality of the placement?

4. Are there improvements/changes you would like to see in this internship placement?