



## STUDENT INTERN MID-SEMESTER SELF-EVALUATION

Your evaluation of your internship is important. Please complete the following evaluation and return it to the Faculty Sponsor. Thank you.

**INTERNSHIP DATES**

Fall

Spring

Summer

Dec/Jan

**STUDENT'S NAME**

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**SITE SUPERVISOR'S NAME**

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**SITE NAME**

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**ADDRESS**

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**TELEPHONE**

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**EMAIL**

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**FACULTY SPONSOR**

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### PART I: RATE THE FOLLOWING:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
1. My role and responsibilities have been clearly defined					
2. I am satisfied with my role and responsibilities					
3. I am meeting my responsibilities					
4. My internship provides a good overview of the functions, operations and activities of the site					
5. The academic requirements are relevant					
6. I am meeting my academic responsibilities for this internship					
7. I am satisfied with the information and feedback that I get from my Faculty Sponsor					
8. The weekly group meeting with my Faculty Sponsor and other Students Interns is valuable					
9. My internship provides me with sufficient opportunities to apply my academic knowledge					
10. My internship is challenging					
11. I consider my internship a valuable learning experience					
12. I am satisfied with the supervision I am getting at my internship site					

If you responded “disagree” or “strongly disagree” to any of the above statements, please explain your response. Indicate the number of the statement to which you are responding.

**Please answer the following questions:**

1. This internship is helping me to improve or develop skills that are relevant to my potential career. Y\_\_\_ N\_\_\_  
If *yes*, what specific skills do you believe you are improving or developing?  
List: \_\_\_\_\_  
If *no*, list the reasons you believe this internship has not helped you improve or develop relevant skills.  
List: \_\_\_\_\_
  
2. Are there skills that you presently lack that would be helpful to have in this internship? Y\_\_\_ N\_\_\_  
If *yes*, what specific skills would be helpful to have?  
List: \_\_\_\_\_
  
3. Has this internship met with your original expectations? Y\_\_\_ N\_\_\_  
If *no*, in what ways does it differ from your expectations?  
List: \_\_\_\_\_
  
4. Have you discussed career possibilities *specifically related to this site* with:  
Your Site Supervisor? Y\_\_\_ N\_\_\_  
Your Faculty Sponsor? Y\_\_\_ N\_\_\_  
PMC Career Development? Y\_\_\_ N\_\_\_
  
5. Have you discussed career possibilities *relating to the general area in which you are interested* with:  
Your Site Supervisor? Y\_\_\_ N\_\_\_  
Your Faculty Sponsor? Y\_\_\_ N\_\_\_  
PMC Career Development? Y\_\_\_ N\_\_\_
  
6. For the remaining half of the semester, what aspects of your internship, if any, would you like to change?  
List: \_\_\_\_\_

**SIGNATURES:**

**INTERN** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SITE SUPERVISOR (optional)** \_\_\_\_\_

**DATE** \_\_\_\_\_

**FACULTY SPONSOR** \_\_\_\_\_

**DATE** \_\_\_\_\_