

| | <i>Week 1</i> | <i>Week 2</i> | <i>Week 3</i> | <i>Week 4</i> | <i>Week 5</i> | <i>Week 6</i> | <i>Week 7</i> | <i>Week 8</i> |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | Fill in dates here |

C. Other: List other factors or opportunities that were provided for your internship, then rate them accordingly.

| | | | | | | | | |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 16. _____ | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① |
| 17. _____ | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① |
| 18. _____ | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① |
| 19. _____ | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① |
| 20. _____ | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① | ④ ③ ② ① ① |

Explain any of your ratings to the above aspects here:

Complete this section at the end of your internship.

- D. Overall how would you rate this internship?
- | | |
|--|--|
| <input type="checkbox"/> Excellent learning experience | <input type="checkbox"/> Below Average learning experience |
| <input type="checkbox"/> Good learning experience | <input type="checkbox"/> Poor learning experience |
| <input type="checkbox"/> Average learning experience | |

- E. Would you . . .
- | | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| ◆ Work for this business again? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| ◆ Work for this supervisor again? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| ◆ Recommend this business to other interns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
- Why or why not? _____

F. Suggestions for improving this particular internship _____

- G. Were you offered a full-time, part-time or permanent position with the business providing the internship? Yes No