



Student Intern Final Evaluation of Internship Experience APPA Student Internship Program

This form can be used to assess the quality of your internship experience. Your input in this evaluation will help the host institution determine if you have gained practical experience, knowledge, and/or skills from this internship. The student intern is recommended to complete this form and share it with your supervisor during the final internship period. Please submit this evaluation directly to your internship supervisor at the end of the APPA internship term.

Host Institution/Organization Information			
Host Institution Name:			
Supervisor Name:		Title:	
Supervisor Email:		Supervisor Phone#:	
Student Information			
Student Name:			
Internship Position:		Start/End Date:	
Internship Period:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall and Spring <input type="checkbox"/> Fall, Spring, and Summer		

Student Evaluation of Internship Experience			
Criteria	Agree	Neutral	Disagree
Planning/Preparation			
Provided with clear overview of objectives, and/or activities of the internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goals/Objectives			
Received adequate training in a professional/field related to my studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced my understanding of concepts and skills in my area of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed work related to my area of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guidance/Supervision			
Received adequate guidance and constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received assistance when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considered my ideas and viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assigned and/or received appropriate amount of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment			
Welcoming and appropriate working environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided with opportunities for learning and developing my skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided with appropriate and/or necessary resources for completion of the work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be treated on the same level as other employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others			
Enhanced my understanding of educational facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be more involved with APPA organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments about your internship experience:			

Supervisor Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Thank you for joining APPA Student Internship Program.
www.appa.org/appa-student-internship-program