



STUDENT'S TRAINEESHIP EVALUATION FORM *(To be completed by the Intern)*

This form is for you (the student) to assess your traineeship experience. *At the conclusion of the traineeship, complete this form and give it to your mentor/tutor or course instructor.*

Trainee Name: _____

Sending Institution: _____ Contact person/position: _____

Traineeship Tutor/Mentor: _____ Internship Department/Office: _____

Traineeship Title: _____ Period of Traineeship: _____

Place an X in the box of the number that best reflects your level of agreement/disagreement with each of the following statements. **1 = Strongly Agree; 5 = Strongly Disagree**

I achieved my learning goals during the traineeship.	1	2	3	4	5
Through my duties, I received training in a profession/field related to my studies.	1	2	3	4	5
I experienced some of the realities of working in the profession/field.	1	2	3	4	5
I successfully completed my assigned responsibilities and duties.	1	2	3	4	5

Evaluate the following aspects of your traineeship by placing an X in the box of the number that best reflects your experience. If the aspect does not apply, leave it blank. **1 = Outstanding; 5 = Unsatisfactory**

Work Environment:

Clarity of organizational structure	1	2	3	4	5
Access to necessary materials and/or equipment	1	2	3	4	5
Collegiality/friendliness of the employees	1	2	3	4	5
Attitude of respect for interns	1	2	3	4	5

Support and Feedback:

From your supervisor	1	2	3	4	5
From other employees with whom you interacted	1	2	3	4	5

Opportunity to be Creative:

Willingness of others consider to your ideas	1	2	3	4	5
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Interaction with Others:

Opportunity to contribute to a team project	1	2	3	4	5
Questions were encouraged and answered.	1	2	3	4	5
Access to one or more mentors (supervisor or employees)	1	2	3	4	5

Overall Evaluation of Internship (circle one): Superior Excellent Satisfactory Unsatisfactory

Additional Comments:

Trainee's Signature _____

Date _____