

STUDENT INTERNSHIP EVALUATION

(Completed by student)

Student's Name: _____

Major: _____ Date: _____

Company Name: _____

Supervisor: _____ Title: _____

Internship Start Date: _____ Internship End Date: _____

Describe your overall experience?

What tasks did you perform/learn?

Were you given adequate training and/or direction to familiarize you with your job responsibilities?

Do you feel the assignments given were realistic and attainable; too challenging; or not challenging enough? Please explain.

Did your supervisor provide regular feedback on your performance/progress?

What was the most valuable aspect of this training?

How well did McHenry County College coursework prepare you for your internship? Please explain in detail providing specific classroom/textbook learning vs. real world experience.

Would you recommend this employer? ____ Yes ____ NO Were you hired from your internship? ____ Yes ____ No

Student's Signature

Date

Please mail or fax to:

Career Service Department
McHenry County College/ 8900 US Highway 14, A257H /Crystal Lake, IL 60012