

STUDENT INTERN PROGRAM EVALUATION

Name _____ Date: _____ Email: _____

University/College: _____ Internship Program: _____

Please complete the following survey regarding your internship. If you find any question not relevant to your participation, please leave blank.

Please rate the following questions:

E=Excellent

G=Good

F=Fair

P=Poor

1. How effective did the Department objectives align with your experience?

E

G

F

P

2. How effective was your internship

E

G

F

P

Please respond to the following questions.

Did you achieve your internship goals? Yes No

What did you like most about the internship? _____

What did you like least about the internship? _____

Do you feel the internship curriculum met your expectations in preparing you for your professional future?
Explain: _____

What are your employment plans for the future? _____

Would you consider working for RUHS- Public Health in the future? Yes No

Please provide any comments or suggestions you may have regarding your overall internship experience.

Is there anything specific that would have made this experience more rewarding? _____
