



INTERNSHIP PROGRAM STUDENT EVALUATION

Student's Name:	Your Email Address:
ID Number:	Grade Level:
Employer:	Supervisor:
Address:	Telephone Number:
City, State, Zip:	Employer's Email Address:

Please indicate the extent to which you feel the internship experience has affected clarity of your career plans and goals.

CAREER PLANNING

<p>How much has your internship experience directly affected how clear you are now about your career plans and goals?</p> <table style="width: 100%; text-align: center; margin-top: 20px;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> <tr> <td>Not At All</td> <td>Somewhat</td> <td>Moderately</td> <td>Great Extent</td> <td>High</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	Not At All	Somewhat	Moderately	Great Extent	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5											
Not At All	Somewhat	Moderately	Great Extent	High											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<p>Please explain your rating.</p>															
<p>In your own words, please describe what you have gained from your internship experience? Please be as specific as possible.</p>															

Please indicate the extent to which you feel you have improved your ability in each area (communication, problem solving, teamwork and transition skills) as a direct result of your Internship experience.

Improvement Due to Internship

STUDENT LEARNING OUTCOMES

1=low, 3=moderate, 5=high

COMMUNICATION SKILLS : ORAL		1 2 3 4 5
Clarity	Clearly expressed, easily understood, comprehensible.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

COMMUNICATION SKILLS : ORAL		1 2 3 4 5
Relevance	Relevant, related to the matter at hand, to the point, focused.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Organization	Logically organized, structured, rational, coherent, reasonable.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please provide any examples to support the above ratings.

COMMUNICATION SKILLS : WRITTEN		1 2 3 4 5
Clarity	Clearly expressed, easily understood, comprehensible.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Relevance	Relevant, related to the matter at hand, to the point, focused.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Organization	Logically organized, structured, rational, coherent, reasonable.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grammar	Correct grammar usage and construction.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please provide any examples to support the above ratings.

PROBLEM SOLVING SKILLS		1	2	3	4	5
Define	Conceptualizes problems in a workable and manageable manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyze	Breaks down into critical and significant components.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formulate	Creates and develops proposed modifications or solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate	Validates the effectiveness of the proposed solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide any examples to support the above ratings.						

TEAMWORK SKILLS		1	2	3	4	5
Rapport	Builds relationships, demonstrates respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness	Works productively with diverse perspectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	Level of exertion, does fair share.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthesis	Pulls together ideas, focuses thought, draws conclusions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any examples to support the above ratings.

TRANSITION SKILLS		1	2	3	4	5
Adaptation	Adapts to office politics (power, authority, corporate realities, office values).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment	Adjusts to personality differences in order to get the job done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	Works productively with diverse perspectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	Current level of confidence in skills and abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Skills	Current level of work skills specific to present assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any examples to support the above ratings.

TECHNICAL SKILLS

What NEW technical skills did you acquire as a result of your internship experience?

What were your work-related or personal accomplishments while on internship?

Rate the following areas of your internship work assignment. Your answers will be used only as a means to improve the quality and value of the Internship program and to assist with future placements.

Quality of Component

PROGRAM EVALUATION

1=Unsatisfactory, 3=Adequate, 5=Outstanding

	1	2	3	4	5
Company Orientation – Quality of the company’s orientation or organizational overview.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Site Readiness – Supervisor’s preparation for you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Plan – Clarity of your job functions and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Station – Adequacy of your workspace and equipment for doing your job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Environment – Work setting satisfactory for learning and getting the job done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Workers – Level of your co-workers support and helpfulness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wages & Benefits – Fairness of your salary and benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training – Quality of your overall internship training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision – Quality of your overall internship supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Experience – Quality of your overall internship experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty – Level of faculty advisor support and contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please provide us with suggestions that you have for improving any aspect of the Department's Internship Program.



INTERNSHIP PROGRAM

SUPERVISOR'S EVALUATION OF INTERN

Student's Name:	Major:
Work Period:	Term:
Employer:	Department/Division:
Supervisor's Name:	Title:
Telephone Number:	Email Address:

Instructions: Please indicate your realistic assessment of the student's present level of skill in the following learning outcome areas. It is suggested that you review the Supervisor Evaluation with the student before he/she returns to the University.

LEVEL OF SKILL

1=low, 3=moderate, 5=high

COMMUNICATION SKILLS: ORAL		1	2	3	4	5
Clarity	Clearly expressed, easily understood, comprehensible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance	Relevant, related to the matter at hand, to the point, focused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please provide any examples to support the above ratings.						

COMMUNICATION SKILLS: WRITTEN		1	2	3	4	5
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Grammar	Correct grammar usage and construction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide any examples to support the above ratings.						

PROBLEM SOLVING SKILLS		1	2	3	4	5
Define	Conceptualizes problems in a workable / manageable manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyze	Breaks down into critical and significant components.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formulate	Creates and develops proposed modifications or solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate	Validates the effectiveness of the proposed solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide any examples to support the above ratings.						

TEAMWORK SKILLS		1	2	3	4	5
Rapport	Builds relationships, demonstrates respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness	Works productively with diverse perspectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Effort	Level of exertion, does fair share.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Synthesis	Pulls together ideas, focuses thought, draws conclusions.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please provide any examples to support the above ratings.		

TRANSITION SKILLS		1	2	3	4	5
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Adjustment	Adjusts to personality differences in order to get the job done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	Works productively with diverse perspectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	Current level of confidence in skills and abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Skills	Current level of work skills specific to present assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide any examples to support the above ratings.						

NARRATIVE
Briefly describe the student's duties and responsibilities.
What specific technical skills did the student learn and use during the work assignment?
What personal characteristics helped the student to succeed in the work place?

What contributions did the student make to the company during the course of the work assignment?

Suggestions for improvements in either technical or personal characteristics, which may impact the student's future performance in the work place.

OVERALL PERFORMANCE

Rate the student's initial overall work performance when hired at the beginning of the internship assignment. Please pick a point on the continuum that best reflects your judgment.

1	2	3	4	5
Minimum	Low	Adequate	Proficient	Outstanding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate the student's current overall work performance at this time. Please pick a point on the continuum that best reflects your judgment.

1	2	3	4	5
Minimum	Low	Adequate	Proficient	Outstanding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider the contributing factors that may have affected any change in the student's skill levels during this work assignment?

Please give to student or forward to:

Internship Faculty Advisor
Department of Civil Engineering and Engineering Mechanics
The University of Arizona
PO Box 210072
Tucson, AZ 85721-0072