

Complete this Form and return to your Internship Director by the last day of final exams.

**AGENCY EVALUATION BY THE INTERN**  
**This report should accompany your final report.**

**Name of Agency:** \_\_\_\_\_

Please answer all the questions as honestly as you possibly can. Your responses will be used to decide which organizations we will work with in the future.

1. Was the training provided by the organization? \_\_\_\_\_

2. If the training was provided, did you find it useful? \_\_\_\_\_

3. If no training was provided, would you like to see a training program initiated?  
\_\_\_\_\_

4. How much supervision did you receive? \_\_\_\_\_

5. How did the organizations staff react to you as an intern? \_\_\_\_\_  
\_\_\_\_\_

6. Were you given assistance by staff when confronted with a problem?  
\_\_\_\_\_

7. Is the physical setting of the organization satisfactory? \_\_\_\_\_

8. To what extent was your on-site supervisor important to your internship?  
\_\_\_\_\_

9. Were assigned tasks made sufficiently clear to you? \_\_\_\_\_

10. Were you given opportunities to exercise initiative? \_\_\_\_\_

11. Were you assigned a sufficient variety of tasks? \_\_\_\_\_

12. On the whole, how would you rate this internship opportunity?  
\_\_\_\_\_

13. Do you have any suggestions for improving the service opportunities at the organization where you worked? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Name of Student: \_\_\_\_\_