**Student Individualized Learning Experience Evaluation**

Student Name: Click here to enter text.

Site: Click here to enter text.

Supervisor’s Name: Click here to enter text.

Term Enrolled: Click here to enter text.

DIRECTIONS: Evaluate your internship experience in an objective manner, using the rating scale below:

5 –Excellent 3-Good 0-Unsatisfactory

4 –Very Good 2-Poor N/A-Not Applicable

Rating Comments, Examples

|  |  |  |
| --- | --- | --- |
| **Learning Experience** |  |  |
| Learned new information, skills, or techniques |  |  |
| Gained new career/professional knowledge |  |  |
| Connected academic assignments to work |  |  |
| Applied problem-solving skills to tasks |  |  |
|  |  |  |
| **Personal Development** |  |  |
| Gained greater self-confidence |  |  |
| Learned importance of professional demeanor |  |  |
| Gained confidence in communication skills |  |  |
| Improved understanding of strengths/weaknesses |  |  |
| Met people who contributed to professional growth |  |  |
|  |  |  |
| **Learning Experience Experience** |  |  |
| Relationship of work to career goals |  |  |
| Education received |  |  |
| Supervision received |  |  |
| Level of responsibility assigned |  |  |
|  |  |  |
| **Overall Learning Experience Rating** |  |  |
|  |  |  |
| **Comments on Experience (optional):** | | |

How did this learning experience affect your educational or professional plans? (circle one)

Confirmed Plans Changed Plans

What were the best aspects of this learning experience?

What were the weaker aspects of the learning experience?

*Note: Your comments will not affect your final grade for this experience. If you are evaluating an internship experience, it also will not affect the possibility of future employment with your employer. This document is for in-office use only and should be submitted to the Academic Department Head for your major.*