DOMINICAN UNIVERSITY of CALIFORNIA

Office For Career Development

Final Student Internship Evaluation

Student Name _____ Internship-Site _____ Date _____

Please use a scale of 1 to 4 to rate each statement regarding your internship experience:

1 – Strongly Disagree **2 - Disagree** **3 - Agree** **4 – Strongly Agree**

1. I enhanced my understanding of coursework through application of classroom theory in my work setting. ____
   Comments: _____
   _____

2. I developed workplace skills and experience. ____
   Comments: _____
   _____

3. I was able to explore and clarify my career goals. ____
   Comments: _____
   _____

4. I was given the opportunity to establish professional contacts. ____
   Comments: _____
   _____

5. I met my personal goals and learning objectives. ____
   Comments: _____
   _____

Please add your comments:

6. What were the primary benefits and/or drawbacks of your internship?
   _____
   _____

7. What advice would you give to a student pursuing this internship?
   _____
   _____

8. How would you rate your site supervision?
   _____
   _____

9. Were you offered a position at your internship site? Yes_____ No_____ Not Relevant _____
   Comments: _____

If yes, do you plan to accept it? Yes_____ No_____ Comments:_____

Updated: 6/22 *****Submit completed form to Faculty Advisor by the due date*****