



**Maxine Goodman Levin College of Urban Affairs**

**Academic Internship Program**

**Student's Final Evaluation of Internship**

(Student must complete this form and submit to: Deborah Brown, Academic Advisor, UR 212, 2121 Euclid Avenue, Cleveland, Ohio 44115 or fax to (216) 687-5398.)

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

Date \_\_\_\_\_

Course No. \_\_\_\_\_

Semester \_\_\_\_\_

Organization: \_\_\_\_\_

Supervisor \_\_\_\_\_

Describe your duties:

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Which courses were useful for the assistantship:

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**Instructions:** Please respond honestly to the following questions and return this form at the end of your internship.

**Please rate your internship experience using the numerical scale below.**

- |                   |                                    |
|-------------------|------------------------------------|
| 4. Exceptional    | Consistently exceeded expectations |
| 3. Good           | Met expectations                   |
| 2. Fair           | Rarely met expectations            |
| 1. Unsatisfactory | Did not meet expectations          |

- |   |         |
|---|---------|
| 1. My supervisor established and communicated clear goals.                    | 4 3 2 1 |
| 2. My organization maintained a friendly and cooperative work environment.    | 4 3 2 1 |
| 3. I was able to utilize knowledge gained through my academic program.        | 4 3 2 1 |
| 4. I received regular, constructive feedback on my performance                | 4 3 2 1 |
| 5. This internship helped develop my critical thinking/problem-solving skills | 4 3 2 1 |

Please use the following scale.

- 4. Exceptional
- 3. Good
- 2. Fair
- 1. Unsatisfactory

- 6. I was able to meet/network with other professionals in the field 4 3 2 1
- 7. I would rate the quality of my internship as... 4 3 2 1

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please circle one.**

Would you recommend this assistantship to other students? Yes No

Would you accept full-time employment from this organization? Yes No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_