



## UST 490 Urban Internship Student's Final Evaluation of Internship

**Please complete this form and return it to:**

Office of Student Services, Levin College of Urban Affairs, UR 205

**Mail:** 2121 Euclid Avenue UR 205, Cleveland, Ohio 44115

**Campus Location:** 1717 Euclid Avenue, Cleveland, Ohio

**Email:** [urbanadvising@csuohio.edu](mailto:urbanadvising@csuohio.edu) | **Fax:** (216) 687-5398

### **Student Information**

Student Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_

Semester: \_\_\_\_\_ Course Section: \_\_\_\_\_ Credit hours: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_

**Briefly describe your duties:**

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**What courses in your major were useful for the internship?**

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**What skills did you develop as a result of your internship?**

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**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

My supervisor established and communicated clear goals.	4	3	2	1
My organization maintained a friendly and cooperative work environment.	4	3	2	1
I was able to utilize knowledge gained through my academic program.	4	3	2	1
I received regular, constructive feedback on my performance.	4	3	2	1
This internship helped develop my critical thinking/problem-solving skills.	4	3	2	1
I was able to meet/network with other professionals in the field.	4	3	2	1
I would rate the quality of my internship as...	4	3	2	1

**Please answer the following questions by circling Yes or No.**

Did you receive an orientation to the organization?	Yes	No
Was there sufficient training?	Yes	No
Was the organization open to your ideas?	Yes	No
Did your supervisor show interest in your learning?	Yes	No
Did this experience contribute to your education?	Yes	No
Would you recommend this organization to other interns?	Yes	No
Based on the internship, would you be interested in a job doing the type of work that this organization does?	Yes	No

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

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