Queens College
Office of Career Development and Internships
Student Internship Evaluation Form

1. Name (Optional) ________________________________

2. What is your class level?
   Freshman _____  Sophomore _____  Junior _____  Senior _____
   Graduate Student _____  Other _____

3. What is your Major? ________________________________

4. How did you locate this internship?
   Through the Office _____  On your own _____  Other _____

5. What was your reason for participating in this internship program?
   To get experience _____  To get academic credit _____

6. How was the pre-placement preparation at the College?
   Very good _____  Good _____  Poor _____
   Suggestion for improvement: (Use the back if you need more space)
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

7. Please list the name of your most recent internship site.
   ________________________________________________________

8. How good was your most recent internship? Please evaluate using the following:

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work assignment</td>
<td></td>
<td></td>
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<tr>
<td>Interaction with other staff</td>
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<td></td>
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<tr>
<td>Interaction with other interns</td>
<td></td>
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<td>Meeting with supervisor</td>
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<tr>
<td>Involvement in a project</td>
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<tr>
<td>Contact with clients/customers</td>
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</tbody>
</table>

If your response to any of the above is “Poor”, please explain:
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________
9. How useful was the student seminar?
   
   Very useful _____ Useful _____ Not very useful _____ Not useful _____
   
   Suggestions for improvement: (Use the back if you need more space)
   
   _________________________________________________________________
   
   _________________________________________________________________
   
   _________________________________________________________________

10. Would you recommend this internship to a friend?
    
    Yes _____ No _____

11. Is there any thing we could have done to make your internship experience better? If so, please indicate below:
    
    _________________________________________________________________
    
    _________________________________________________________________
    
    _________________________________________________________________
    
    _________________________________________________________________

Note: This information is for Office of Career Development and Internships use only. It will be used to improve the internship program, and it will not be shared with anyone else. Please feel free to give your objective opinion.

Thank you.