

Student Mid-Internship Evaluation

Thank you for taking the time to thoughtfully complete this mid-internship evaluation. By discussing this with your supervisor, your comments help you reflect on your experience and help define the rest of your internship.

Student Name (Last, First):						
Internship Start Date:	Internship End Date:					
MSU Department of Internship:						
Supervisor Name:						
Student's Internship Title:						
Please rate the following based on your internship so far: Your individual job performance	<u>POC</u> 1	POOR 1 2 3		EXCELLENT 4 5		
Your attendance	1	2	3	4	5	
Your attitude in the workplace	1	2	3	4	5	
Your supervisor's availability to answer questions	1	2	3	4	5	
Regularly scheduled meetings with your supervisor	1	2	3	4	5	
Your willingness to ask for help	1	2	3	4	5	
Job duties related to your learning agreement objectives	1	2	3	4	5	
Developing skills that are valuable in your career field	1	2	3	4	5	
You are meeting expectations set in the learning agreemen	t 1	2	3	4	5	
Receiving necessary training and resources to do your job	1	2	3	4	5	
Using what you are learning on the job in the classroom	1	2	3	4	5	
Your workload is challenging	1	2	3	4	5	
Your overall internship experience	1	2	3	4	5	
Additional Comments or Concerns:						
you feel the initial Learning Agreement needs to be modified? yes, please work with your supervisor to make any changes to your learning			Yes No ning objectives)			
By signing below, you are stating that you have reviewed the	ne mid-term interr	nship	evalu	uation	with your supervisor.	
Student Signature:	Date:					
Supervisor Signature:		D	ate: _			

Update: 6-15-20