



Student Self-Evaluation of Internship Form

Introduction and Purpose:

Congratulations on completing your internship! We hope that you had a positive, productive, and successful experience. The purpose of this evaluation is to provide you with an opportunity to (i) reflect on your internship activities and (ii) offer your candid and honest assessments of your performance and degree of learning during the internship, and the overall quality of the internship experience. This evaluation is an important tool in our program of continuous improvement, and it provides valuable data and information that will be used to identify areas where changes and improvements are needed and to help us improve the educational experiences for future students.

Evaluation Composition:

The evaluation is composed of the following parts:

Part I: General Informational Items

Part II: Evaluation of the Organizational Environment of your Internship Site

Part III: Evaluation of your Internship Performance

Part IV: Evaluation of your Degree of Learning

Part V: Summary Evaluation and Other Comments

Part VI: Demographic Information

General Instructions:

1. Please give careful consideration to all of the items in the evaluation form and provide thoughtful, candid, and accurate responses to each of the items.
2. For each evaluation item, please also provide specific comments and suggestions for changes and improvements.
3. Your identity will remain anonymous and confidential in any reports that are produced from this evaluation. Your responses will be combined with those of other student interns in your program of study to create summary reports that will be used by faculty and administrators to improve the academic programs.

PART I: GENERAL INFORMATION

| | | |
|---|-----------------|----------------------------|
| Your Name: | Date: | |
| Company Name / Organization (Host Training Establishment): | | |
| Mailing Address (Unit No./Building Name/Street/City/Municipality/Province): | | Zip / Postal Code: |
| Your Position/Role: | E-mail Address: | |
| Name of Internship Supervisor: | | Supervisor Position/Title: |
| Supervisor Contact Information | E-mail Address: | Phone Number: |
| Duration of Internship | Starting Date: | Ending Date: |

How did you obtain your internship site?

- On My own
- Career Development & Job Placement Office
- CDJP Bulletin Board
- Career/Job Fairs
- ICCT Official Website / Facebook Fanpage
- Career Services Websites
- Faculty Member
- Alumni
- Contacts at Work
- Friends/Relatives
- Other (please specify): _____

Please provide a brief description of your job responsibilities during the internship:

| |
|-------|
| _____ |
|-------|

PART II: YOUR EVALUATION OF THE ORGANIZATIONAL ENVIRONMENT OF THE INTERNSHIP SITE

For each of the following aspects of the organizational environment of your internship site, please mark the box in the rating scale that most closely corresponds to your evaluation of the quality of that environment aspect. Please also feel free to offer comments and suggestions for changes and improvements in the spaces provided.

| 1 = Poor | 2 = Below Average | 3 = Fair | 4 = Good | 5 = Excellent | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | |
| Evaluation Items | 1 | 2 | 3 | 4 | 5 |
| 1. Orientation to Policies and Practices | <input type="checkbox"/> |
| Comments: | | | | | |
| 2. Work Atmosphere | <input type="checkbox"/> |
| Comments: | | | | | |
| 3. Formal Training Received | <input type="checkbox"/> |
| Comments: | | | | | |
| 4. Informal Training Received | <input type="checkbox"/> |
| Comments: | | | | | |
| 5. Supervision Received | <input type="checkbox"/> |
| Comments: | | | | | |
| 6. Roles and Responsibilities | <input type="checkbox"/> |
| Comments: | | | | | |
| 7. Work Assignment | <input type="checkbox"/> |
| Comments: | | | | | |
| 8. Feedback on Work Performed | <input type="checkbox"/> |
| Comments: | | | | | |
| 9. Participation in Organizational Operations | <input type="checkbox"/> |
| Comments: | | | | | |
| 10. Interaction with Co-workers | <input type="checkbox"/> |
| Comments: | | | | | |
| 11. Opportunities to Use my abilities | <input type="checkbox"/> |
| Comments: | | | | | |
| 12. Learning Opportunities | <input type="checkbox"/> |
| Comments: | | | | | |
| 13. Overall Organizational Environment | <input type="checkbox"/> |
| Comments: | | | | | |

PART III: EVALUATION OF YOUR INTERNSHIP PERFORMANCE

For each of the following internship dimensions, please mark the box in the rating scale that most closely corresponds to your evaluation of your performance on that dimension during the internship. Please also feel free to offer comments and suggestions for changes and improvements in the spaces provided.

| | 1 = Poor | 2 = Below Average | 3 = Fair | 4 = Good | 5 = Excellent |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Evaluation Items | 1 | 2 | 3 | 4 | 5 |
| 1. Quality of Work: The degree to which your work was thorough, accurate, and completed in a timely manner | <input type="checkbox"/> |
| Comments: | | | | | |
| 2. Ability to Learn: The extent to which you asked relevant questions; sought out additional information from appropriate sources; understood new concepts, ideas, and work assignments; and were willing to make needed changes and improvements | <input type="checkbox"/> |
| Comments: | | | | | |
| 3. Initiative and Creativity: The degree to which you were self-motivated; sought out challenges and/or more work; approached and solved problems on your own; and developed innovative and creative ideas, solutions, and/or options | <input type="checkbox"/> |
| Comments: | | | | | |
| 4. Character Traits: The extent to which you demonstrated a confident and positive attitude; exhibited honesty and integrity on the job; were aware of and sensitive to ethical and diversity issues; and behaved in an ethical and professional manner | <input type="checkbox"/> |
| Comments: | | | | | |
| 5. Dependability: The degree to which you were reliable; followed instructions and appropriate procedures; were attentive to detail; and required supervision | <input type="checkbox"/> |
| Comments: | | | | | |
| 6. Attendance and Punctuality: The degree to which you reported to work as scheduled and on-time | <input type="checkbox"/> |
| Comments: | | | | | |
| 7. Organizational Fit: The extent to which you understood and supported the organization's mission, vision, and goals; adapted to organizational norms, expectations, and culture, and functioned within appropriate authority and decision-making channels | <input type="checkbox"/> |
| Comments: | | | | | |
| 8. Response to Supervision: The degree to which you sought supervision when necessary; were receptive to constructive criticism and advice from your supervisor; implemented suggestions from your supervisor; and were willing to explore personal strengths and areas for improvement | <input type="checkbox"/> |
| Comments: | | | | | |

PART IV:EVALUATION OF YOUR DEGREE OF LEARNING

Section I: Please list the internship learning objectives as specified in your internship learning agreement and, for each learning objective, please mark the box in the rating scale that most closely corresponds to your assessment of the degree to which you believe that you were successful in achieving that objective during the internship. Please also feel free to offer comments and suggestions for changes and improvements in the spaces provided.

1 = Very Unsuccessful

2 = Unsuccessful

3 = Successful

4 = Very Successful

| Learning Objectives | 1 | 2 | 3 | 4 | 5 |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | <input type="checkbox"/> |
| Comments: | | | | | |
| 2. | <input type="checkbox"/> |
| Comments: | | | | | |
| 3. | <input type="checkbox"/> |
| Comments: | | | | | |
| 4. | <input type="checkbox"/> |
| Comments: | | | | | |
| 5. | <input type="checkbox"/> |
| Comments: | | | | | |
| 6. | <input type="checkbox"/> |
| Comments: | | | | | |
| 7. | <input type="checkbox"/> |
| Comments: | | | | | |
| 8. | <input type="checkbox"/> |
| Comments: | | | | | |
| 9. | <input type="checkbox"/> |
| Comments: | | | | | |
| 10. | <input type="checkbox"/> |
| Comments: | | | | | |
| 11. | <input type="checkbox"/> |
| Comments: | | | | | |
| 12. | <input type="checkbox"/> |
| Comments: | | | | | |
| 13. | <input type="checkbox"/> |
| Comments: | | | | | |

Section II: The Career and Job Placement Office has identified several intended student learning outcomes that it expects students to have achieved upon completion of the degree. Considering the contribution to your learning provided by your internship experience, mark the box in the rating scale for each of the following intended learning outcomes that most closely corresponds to your assessment of the degree to which you believe that you have been successful in achieving that outcome. Please also feel free to offer comments and suggestions for changes and improvements in the spaces provided.

1 = Very Unsuccessful

2 = Unsuccessful

3 = Successful

4 = Very Successful

| Intended Student Learning Outcomes | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Students will be able to identify the principal concepts, theories, and practices in the functional areas of business. | <input type="checkbox"/> |
| Comments: | | | | | |
| 2. Students will be able to recognize the relevant theories and principals associated with the economic environment of business. | <input type="checkbox"/> |
| Comments: | | | | | |
| 3. Students will be able to recognize legal and ethical principles in business and apply them to organizational decision making. | <input type="checkbox"/> |
| Comments: | | | | | |
| 4. Students will be able to evaluate the global dimension of business. | <input type="checkbox"/> |
| Comments: | | | | | |
| 5. Students will be able to employ appropriate quantitative methods and use relevant information technology in support of business decision making. | <input type="checkbox"/> |
| Comments: | | | | | |
| 6. Students will be able to construct coherent written forms of communications. | <input type="checkbox"/> |
| Comments: | | | | | |
| 7. Students will be able to compose and present effective oral forms of communication. | <input type="checkbox"/> |
| Comments: | | | | | |
| 8. Students will be able to demonstrate analytical and critical-thinking skills in the context of organizational decision making. | <input type="checkbox"/> |
| Comments: | | | | | |
| 9. Students will be able to demonstrate effective leadership abilities for the purpose of organizational growth and change. | <input type="checkbox"/> |
| Comments: | | | | | |
| 10. Students will be able to demonstrate effective interpersonal skills and the ability to work successfully in teams of diverse composition. | <input type="checkbox"/> |
| Comments: | | | | | |

PART V: SUMMARY EVALUATION AND OTHER COMMENTS

1. Please indicate the overall extent to which the Career and Job Placement Office and your College prepared you for your internship experience:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Excellent Preparation | Good Preparation | Fair Preparation | Inadequate Preparation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

2. Please indicate the overall extent to which your internship experience contributed to your professional and career development:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Significant Contribution | Some Contribution | Little Contribution | No Contribution |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

3. Please indicate the overall extent to which the internship experience met your expectations:

| | | | | |
|--------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Exceeded My Expectations | Met All of My Expectations | Met Most of My Expectations | Met Some of My Expectations | Met None of My Expectations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |

4. Please indicate your evaluation of the overall quality of your internship experience:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Excellent | Good | Fair | Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

We would also very much appreciate your comments pertaining to the following items:

With what aspect(s) of your internship were you the most satisfied?

Comments:

With what aspect(s) of your internship were you the least satisfied?

Comments:

Would you recommend your internship site to other students?

Comments:

Do you have other comments and/or suggestions that you would like to share?

Comments:

PART VI: DEMOGRAPHIC INFORMATION

Gender : Female Male

Age : Under 20 20 21 22
 23 24 25-30 Over 30

Enrolment Status : Full-Time Part-Time

Other Majors: 1. _____
2. _____
3. _____
4. _____

Student Signature

Date

Thank you very much for your assistance in this important process of continuous improvement. The valuable input that you provided in this evaluation will help us to improve the academic programs at the ICCT Colleges Foundation Inc.
