

School of International Affairs

The Pennsylvania State University

INTAF 595: Optional Student Intern Evaluation Form

Please complete and return this form to your Faculty Advisor.

Student Name: _____ Date: _____

Organization Name: _____ Semester/Year: _____

Site Supervisor: _____ Phone Number: _____

Site Address: _____
Street City State Zip Code

1. Internship Reflection/Assessment: Review the “Plan for Internship” form you submitted prior to the beginning of your internship experience. As you now reflect back to your internship experience, please respond to and/or comment on the following statements:

a) My internship experience helped me clarify my career goals and aspirations.

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

Please explain:

(if additional space is needed please use separate sheet)

b) My internship met my expectations. Yes No

Please explain:

(if additional space is needed please use separate sheet)

c) I would recommend this internship/site to other students. Yes No

Please explain and include any relevant advice:

(if additional space is needed please use separate sheet)