

# 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:*

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(if additional space is needed please use separate sheet)

**b) My internship met my expectations.**     Yes     No

*Please explain:*

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(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:*

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