

Texas Southern University
School of Communication
3100 Cleburne Street, Houston, TX 77004 • Phone: (713) 313-7071

STUDENT INTERN SELF-EVALUATION FORM

Date: _____
Month Day Year

Student's name: _____
Last name First name M

Phone: (_____) _____ Email: _____

Major: _____ Job title: _____

Internship site: _____

Supervisor: _____
Last name First name M

Internship date: From _____ To: _____
Month Day Year Month Day Year

Internship Paid? Yes, \$ _____ No

Please complete evaluation and return to **Vanya Gamble** upon completion of your hours to receive credit for your internship. Deliver in person, fax 713-313-7259 or email gamblevw@tsu.edu. (You may include extra pages if necessary.)

1. What was your most valuable learning experience at this internship site?

2. Did your internship in anyway change or influence your career decisions? Please explain.

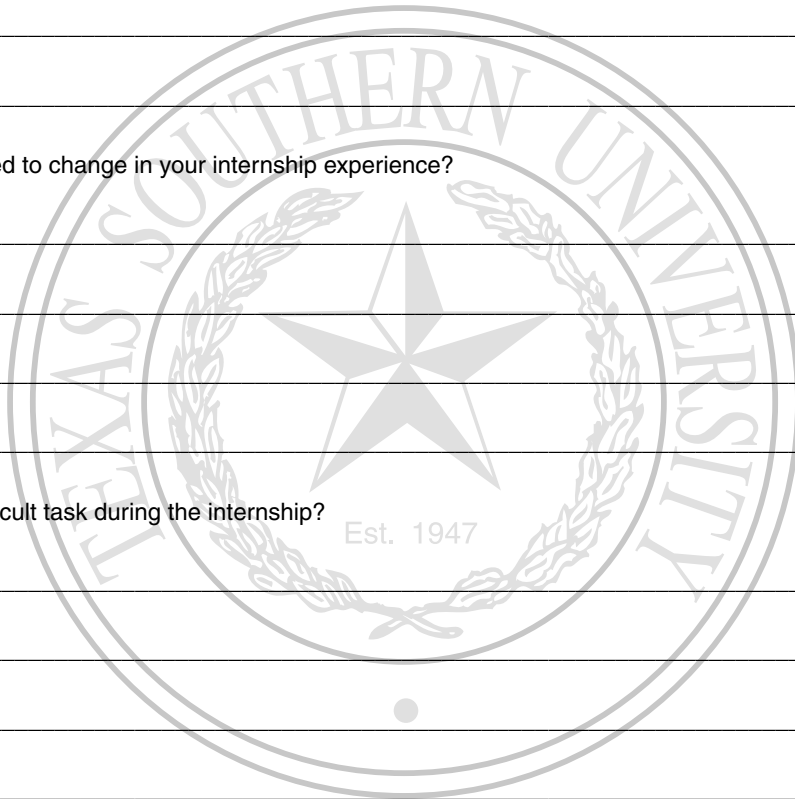
3. Do you think your communications courses prepared you for your internship or future employment? Why? How?

4. Would you recommend this internship to another student? Why?

5. What would you have liked to accomplish in this internship but did not?

6. What would you have liked to change in your internship experience?

7. What was your most difficult task during the internship?



Please circle the number on the scale that best indicates your response or answer.

1. I liked my Internship.

1- strongly agree 2- Agree 3- Neutral 4- Disagree 5- Strongly Disagree

2. My supervisor was very helpful and involved in my training.

1- strongly agree 2- Agree 3- Neutral 4- Disagree 5- Strongly Disagree

3. There was adequate clarification from my supervisor of what was expected of me

1- strongly agree 2- Agree 3- Neutral 4- Disagree 5- Strongly Disagree

4. I was encouraged to and felt comfortable asking questions

1- strongly agree 2- Agree 3- Neutral 4- Disagree 5- Strongly Disagree

5. Rate your overall internship experience.

1- strongly agree 2- Agree 3- Neutral 4- Disagree 5- Strongly Disagree