

## Form F – Instructor Internship Advisor's Final Evaluation

Student Intern Name \_\_\_\_\_

1. Did the internship provide the agreed-upon learning experience (based on weekly reports)

Yes \_\_\_\_\_  
Marginally \_\_\_\_\_  
No \_\_\_\_\_

2. If the ranking of the internship was marginal or unsuccessful, was it due to:

\_\_\_\_\_ Lack of motivation on student's part;  
\_\_\_\_\_ Personality conflict with internship host;  
\_\_\_\_\_ Unforeseen changes in planned internship experience.

3. Would you recommend the same internship host for other students? Why or why not?

4. Circle the number that best gives an overall evaluation of this internship:

<u>Outstanding</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
10 9	8 7	6 5	4 3	2 1

\_\_\_\_\_  
Signature of On-Campus Internship Advisor

\_\_\_\_\_  
Date