

**Stan Ross Department of Accountancy
ZICKLIN SCHOOL OF BUSINESS, BARUCH COLLEGE
FORM 3 – STUDENT EVALUATION OF INTERNSHIP**

Student Name: _____

Job Title: _____

Department: _____

Employer: _____

Supervisor: _____

Date: _____

Semester: _____

Please take the time to reflect upon and evaluate your internship experience. Your confidential ratings and feedback are an integral part of our program, and will assist Career Services in advising other students in regard to this company and position. Please ensure that your responses are accurate and complete. *This evaluation will not be seen by your employer.*

5=Outstanding 4=Above Average 3=Adequate 2=Below Average 1=Unsatisfactory

1. Internship Explanation & Training

5 4 3 2 1

Comments: _____

2. Work Environment

5 4 3 2 1

Comments: _____

3. Supervision Quality

5 4 3 2 1

Comments: _____

4. Appropriateness of Work

5 4 3 2 1

Comments: _____

5. Learning Opportunities

5 4 3 2 1

Comments:

**6. Amount of Interaction
(with supervisor, employees, other interns, clients, etc.)**

5 4 3 2 1

Comments:

7. Amount of Feedback

5 4 3 2 1

Comments:

8. Timing of Feedback

5 4 3 2 1

Comments:

9. Overall Experience

5 4 3 2 1

Comments:

Student's Signature:

Date:

Please return this completed form to the faculty supervisor, as indicated below.

Faculty Supervisor:

Date:
