



The Dorothy F. Schmidt College of Arts and Letters
School of Communication & Multimedia Studies
 777 Glades Road
 CU Building, Room 201
 Boca Raton, FL 33431
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Midterm Internship Evaluation: Student Feedback

Student's Name _____ Date _____

Agency _____

Agency Supervisor _____

Please use the following system to evaluate the internship. Circle the most appropriate number to answer each question:

1 = Yes Definitely 2 = Yes 3 = Somewhat 4 = No 5 = Definitely Not

1. Do you like your internship? Why or why not? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

2. Do you feel adequately prepared for your internship? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

3. Are you able to relate your internship to your curriculum in communication? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

4. Does your internship fulfill your expectations? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

5. Do you think that you are successfully fulfilling the requirements of your internship?

YD	Y	S	N	DN
1	2	3	4	5

6. Do you think the lines of communication are open between you and the internship director at FAU?

YD	Y	S	N	DN
1	2	3	4	5

7. Do you think the lines of communication are open between you and your agency supervisor?

YD	Y	S	N	DN
1	2	3	4	5

8. Is your agency supervisor aware or actively involved in your internship? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

9. Is attendance stressed by your agency supervisor?

YD	Y	S	N	DN
1	2	3	4	5

10. Is punctuality stressed?

YD	Y	S	N	DN
1	2	3	4	5

11. Is your internship structured enough? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

12. Is your internship overly structured? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

13. Do you currently have any problems related to your internship? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

14. Have you received help with intern-related problems from sources other than your faculty and agency supervisor? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

15. Are you learning from your internship? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

16. Is your internship rewarding? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

17. If you were to repeat this internship, what would you change? Why?

18. Do you think you are mastering the objectives established for the internship? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

19. Would you recommend your internship to others? Why or why not? Please explain.

YD	Y	S	N	DN
1	2	3	4	5

20. What do you think of your overall performance on assignments given to you?

21. Overall, what do you think of the internship program?

22. Self-evaluation at midterm (circle appropriate choice):

A (exceptional) **B (superior)** **C (average)** **D (poor)** **F (failure)**

Please mail, fax, or bring this evaluation to:

Florida Atlantic University
 School of Communication and Multimedia Studies
 ATTN: Director of Internships
 777 Glades Road - CU Building, Room 201
 Boca Raton, FL 33431
 Fax: 561.297.2615

This form is due at the halfway point of the internship.