



SCA INTERNSHIP PROGRAM

Career Planning Center • 140 New Scotland Avenue • Albany, NY 12208 • 518-292-1793 • fax 292-8621

Date Received: _____

Copies to:

_____ Student

_____ Faculty Advisor

_____ Faculty Sponsor

STUDENT EVALUATION

Student _____

Date _____

Internship Site _____

Semester _____

Internship Supervisor _____

Faculty Sponsor _____

| Please rate your internship experience according to the following qualities. | Strongly Agree | Agree | Neutral | Strongly Disagree | Disagree | Not Applicable |
|---|----------------|-------|---------|-------------------|----------|----------------|
| The internship experience was relevant to my major. | | | | | | |
| The internship experience increased my knowledge and skills required in my field. | | | | | | |
| My Site Supervisor was available to answer questions & provide constructive feedback. | | | | | | |
| My courses to date were applicable toward my internship experience. | | | | | | |
| The internship experience was rewarding and enlightening. | | | | | | |
| The internship experience has helped me be prepared future employment. | | | | | | |

Please complete the following. If additional space is needed, please use back of form.

1. Describe how the internship was effective in meeting your goals. What new skills and competencies did you gain?

2. What specific college courses do you think were most beneficial in providing you with the skills to successfully complete the assignments you were given?

3. For what projects or responsibilities of the internship did you feel under-prepared in? Please explain.

4. Is the internship site a place that you would like to be employed with in the future? _____ Yes _____ No _____ Maybe
Please explain:

5. Would you recommend this internship site to other students? _____ Yes _____ No _____ Maybe
Please explain:

6. General Comments

Student's Signature: _____

Date: _____