

STUDENT EVALUATION OF THE INTERNSHIP

STUDENT

Last Name

First Name

COURSE

TERM

YEAR

In a sincere effort to upgrade the quality of the TSJC Internship Program, it is important that we obtain an honest evaluation of your experience with the program. Be assured that your evaluation will be confidential. Your responses to the following questions are sincerely appreciated and your input is important.

1. DISCUSS HOW THIS INTERNSHIP ALLOWED YOU TO USE YOUR SKILLS AND ABILITIES TO GAIN MORE EXPERIENCE IN YOUR CAREER FEILD. (BE SPECIFIC)

2. WHAT DID YOU GAIN FROM YOUR EXPERIENCE AT THIS SITE IN THE WAY OF:

1. Skills-

2. Attitudes-

3. Work habits-

4. Knowledge-

5. Other Comments-

3. PLEASE COMMENT ON THE FOLLOWING: *(Describe in detail)*

1. **Company Work Environment:** _____

• **Co-workers** (Team environment, helpful, etc.): _____

• **Working Space:** _____

• **Working Conditions:** _____

• **Quality of Supervision:** _____

• **Employee Appreciation** (Were you treated as a valued employee? Explain): _____

• **Would you recommend this employer to place another student for an internship?** _____

Please explain below why you would or would not recommend this employer:

4. Was assistance readily available and helpful from the following Trinidad State Junior College personal? *(Describe in detail)*

• **Internship Coordinator** _____

• **TSJC CTE field instructor** _____

5. Did you participate in any of the following activities?

Interview Skills Workshop Yes or No

Resume Writing Workshop Yes or No

Cover Letter Writing Workshop Yes or No

6. Did you ever make an appointment with the Career and Technical Education Job Placement Counselor to receive help in any of the following areas: Please select *Yes* or *No* below.

Job Searching _____

Career Counseling _____

Improving Interview skills _____

Resume Writing _____

Cover Letter Writing _____

• **If yes, were these services helpful?** Yes or No

• **How can we continue to improve these services?** *(Explain)* _____

You are invited and encouraged to share in detail your remarks. Thank you for your cooperation.

THIS FORM IS TO BE SUBMITTED TO THE INSTRUCTOR TWO WEEKS PRIOR TO THE SEMESTER ENDING DATE, OR TWO WEEKS PRIOR TO COMPLETION OF INTERNSHIP EXPERIENCE.