EMPLOYER MIDTERM EVALUATION OF INTERNSHIP EXPERIENCE

Note: In the interest of learning and professional development, the employer should review this completed form with the intern at the end of the internship. Please return this form to Director of Undergraduate Studies, Sociology at the fax number or email given above.

STUDENT INFORMATION

Name: _________________________________________            Job Title: ________________________________
Major: ____________________________________ Date:  ___________________________________

EVALUATION OF IUPUI INTERNSHIP PROGRAMS

In your opinion, how effective was the IUPUI internship program?

Excellent Good Average Below Average Poor Not Applicable
A. Internship posting system 5 4 3  2  1  0
B. Academic preparation of student 5 4 3  2  1  0
(Did this intern have the basic and technical skills required to effectively perform the duties you assigned?)
C. Overall satisfaction with the experience 5 4 3  2  1  0
(Would you recommend the IUPUI internship program to other employers?)
D. Future Interns Yes_______  No______
(Would you like the Sociology department to contact you about having another IUPUI intern in this position?)

EVALUATION OF STUDENT'S PROFESSIONAL DEVELOPMENT

In your opinion, how well was the student able to learn and utilize the following skills during the internship?

Excellent Good Average Below Average Poor Not Applicable
A. Interpersonal Relations 5 4 3  2  1  0
(communication with co-workers, ability to work with others on projects)
B. Judgment 5 4 3  2  1  0
(ability to make professional decisions)
C. Dependability 5 4 3  2  1  0
(punctuality, reliability, completed tasks, worked assigned hours/days)
D. Learning Ability 5 4 3  2  1  0
(how quickly they learned new tasks)
E. Quality of Work 5 4 3  2  1  0
(projects and tasks completed with attention to details, works independently and as a team-player, few errors in work)
F. Overall Performance 5 4 3  2  1  0

Employer's Signature: ________________________________________                    Date: _______________________________