



INR 4943 International Studies Internship
Student Site Evaluation Form

Please complete and return this form to your Internship Coordinator. You may use a separate sheet if needed.

Student Name: _____ Date: _____
Site Supervisor/Evaluator: _____ Semester/Year: _____
Organization Name: _____ Phone Number: _____
Site Address: _____
Street City State Zip Code

Internship Reflection/Assessment: As you now reflect back to your internship experience, please respond to and/or comment on the following statements:

I. My internship experience helped me clarify my career goals and aspirations.

Strongly Agree Agree N/A Disagree Strongly Disagree

Please explain: _____

II. My internship met my expectations.

Strongly Agree Agree N/A Disagree Strongly Disagree

Please explain: _____

III. I would recommend this internship/site to other students.

Strongly Agree Agree N/A Disagree Strongly Disagree

Please explain and include any relevant advice: _____

