



POS 4941 Political Science 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: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_