Student Mid-Term Internship Evaluation

(To be completed by student)

Thank you for completing this internship mid-term evaluation. This evaluation helps ensure that you are on track to meet the objectives identified in your Internship Learning Agreement.

Please review this evaluation with your internship supervisor.

Student Name:_________________________________________________________________

(Last)                                             (First)

Student MSU Email:_________________@msu.edu  Student Major:______________________

Class Level: ______________________  Student Cell Phone: ____________________________

Internship Site: _________________________________________________________________

Supervisor Name:______________________________ Email: ___________________________

Internship Start Date:____________________ Internship End Date: _______________________

Please rate the following statements below based on your internship so far:

Your individual job performance                                    1        2        3       4         5

Your attendance                                                      1        2        3       4         5

Your attitude in the                                                   1        2        3       4         5

Your supervisor’s availability to answer questions                   1        2        3       4         5

Regularly scheduled meetings with your supervisor                 1        2        3       4         5

Your willingness to ask for help                                     1        2        3       4         5

Job duties related to your learning agreement objectives          1        2        3       4         5

Developing skills that are valuable in your career field            1        2        3       4         5

You are meeting expectations set in the learning agreement    1        2        3       4         5

Receiving necessary training and resources to do your job      1        2        3       4         5
Please rate the following statements below based on the student intern so far:

<table>
<thead>
<tr>
<th>POOR</th>
<th>EXCELLENT</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
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</tbody>
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Using what you are learning on the job in the classroom
Your work load is challenging
Your overall internship experience

Additional Comments or Concerns:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you feel the initial Learning Agreement needs to be modified?  Yes_____ No_____  
(If yes, please work with your supervisor to make any changes to your learning objectives)

By signing below you are stating that you have reviewed the mid-term internship evaluation with your supervisor.

Student Signature:______________________________________ Date: ___________________
Supervisor Signature:___________________________________ Date: ___________________

Please fax, email or mail a COPY of completed and signed form to:

Attn:  Bill Morgan
Mail:  535 Chestnut Road, Spartan Stadium Office Tower room 290, East Lansing MI 48824
Fax:  (517) 353-2597  E-mail:  Morganw6@msu.edu
Phone: (517) 884-1347

Students: Please feel free to contact me if there are any concerns regarding your internship you would like to discuss.