NIU MPA INTERNSHIP PROGRAM- APPENDIX D
INTERN'S EVALUATION OF INTERNSHIP

Intern Name Semester/Year

Agency/Organization

Supervisor Mentor

Current Intern Salary: per hour Hours per week (average)

Internship Benefits: ☐ Vacation days ☐ Sick leave ☐ Professional Association Memberships

Please list your main job responsibilities:

Please list the projects you have been assigned this semester, including your ongoing tasks:

Please use this scale to indicate your support for the following statements:	**Strongly Disagree**	**Disagree**	**No Opinion**	**Agree**	**Strongly Agree**
The projects I am given are meaningful.	☐	☐	☐	☐	☐
I receive timely and helpful feedback on my projects.	☐	☐	☐	☐	☐
My supervisor is readily accessible for consultation on projects.	☐	☐	☐	☐	☐
I am given the opportunity for professional development activities.	☐	☐	☐	☐	☐
I am given the opportunity to participate in staff meetings.	☐	☐	☐	☐	☐
My supervisor/mentor takes an active role in my internship and is	☐	☐	☐	☐	☐
available for consultation on professional development.	☐	☐	☐	☐	☐
I feel I am respected as a professional at my internship site.	☐	☐	☐	☐	☐
I receive helpful feedback from my intern evaluations.	☐	☐	☐	☐	☐
I am achieving the goals I set for myself this semester.	☐	☐	☐	☐	☐
I need help setting goals for performance and skill development.	☐	☐	☐	☐	☐

How meaningful was your interaction with your internship supervisor?

What opportunities for professional development did you have this semester?

What do you like most about your internship? What are the best aspects of this internship position?

How could your internship have been more value to you? What, if any, unfilled expectations do you have after this semester? How you plan to fulfill those expectations in the future?

What topics and/or speakers would you like to see at upcoming NIU sponsored professional development activities and workshops?

Work E-mail Address: