

## STUDENT INTERNSHIP FEEDBACK FORM

The information used below will not be used as part of your assessment. It will assist with the ongoing planning and improvement of future internships and the effectiveness of the host company.

Name of organization \_\_\_\_\_

Your name \_\_\_\_\_ ID \_\_\_\_\_

Period of Internship \_\_\_\_\_

Major \_\_\_\_\_

Was the staff helpful to you?  Yes  No

Did you use the skills you have learned at AUS?  Yes  No

Did the placement meet your expectations?  Yes  No

Did the internship meet your objectives?  Yes  No

Was there enough supervision?  Yes  No

Was the internship helpful to you?  Yes  No

Would you recommend the organization to other students?  Yes  No

Were there any aspects of your internship you were not happy about?  Yes  No

Did your internship confirm your career aspirations?  Yes  No

Please use the space below if you would like to make any comments on the above

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Do you have any suggestions that you think might improve the internship?

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date