



Appendix G

MUSKEGON COMMUNITY COLLEGE
Final Evaluation by Student

Name: _____ /_____/_____
Last First Initial Date

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Worksite Supervisor: _____

Title: _____

Return this form to the Internship Coordinator one-week prior to the end of the midterm due date.

The following information is needed to evaluate your perceptions about the Internship experience. This information is confidential and will be used by the Internship Coordinator for informational purposes only.

1. Briefly describe the progression of your duties and responsibilities for your work assignment. _____

2. How did this experience fit with your academic goals?
___ Excellent ___ Very good ___ Good ___ Fair ___ Poor
Explain: _____

3. How well did this company or organization relate to your career goals?
___ Excellent ___ Very good ___ Good ___ Fair ___ Poor
Explain: _____

4. How frequently did your Worksite Supervisor review your progress with you?
___ Monthly ___ Occasionally
___ Weekly ___ Has not reviewed

