



STUDENT INTERN EVALUATION

This evaluation will be very important in determining the value of your intern experience, both for yourself and for students who may wish to participate in this program. The evaluation should be honest and indicate problems as well as your progress during the assignment period. Please address your evaluative remarks so that the Internship Program Coordinator can discuss them with management to improve and maintain the program. Send completed evaluation to: Lori Millette, Internship Program Administrator 2020 Yonkers Road, Raleigh, NC 27699. Lori.Millette@ncdps.gov
For questions, call 919-324-1128.

1. In what ways did your classes prepare you for your internship?

2. What campus activities, courses and/or work experience have helped you with this internship?

3. What was the most helpful thing your Internship Program Coordinator did to make you feel comfortable as a temporary staff member?

4. In what manner has this internship contributed to your professional development?

5. Prior to beginning the internship, did Community Corrections give you adequate information to start your assignment?

6. Do you consider this internship program relevant and meaningful to your short/long term career interests?

Yes _____ No _____

Comments: _____

7. List three things you plan to do differently as a result of this program.

8. For the following questions, circle one statement which best describes your answer.

a. What kind of impact has this program had on you?

1. Provided me with a better understanding of my career goals.
2. Increased my skills and knowledge in performing a particular activity.
3. Changed my attitudes or feelings about myself and other people.
4. Provided me with the opportunity to apply theoretical concepts to the actual work environment.

Comments: _____

b. How would you rate the educational value of your internship?

1. Exceptional opportunity.
2. Worthwhile experience.
3. Generally not too useful, but might help some.
4. Probably of no value (please comment).

Comments: _____

c. How was the experience related to your major field or career goals?

1. Very closely related.
2. Related through occasional assignments.
3. No relationship exists.
4. Not applicable (please comment).

Comments: _____

d. To what degree do you feel other Community Corrections employees in your assigned Probation/Parole unit supported the internship program?

1. Atmosphere was openly supportive.
2. Accepted, but not openly supportive.
3. Generally not accepted or understood.
4. Non-supportive and potentially hostile.
5. Does not apply (please comment).

Comments: _____

e. Were the actual duties of the position commensurate with the job description?

1. Experience closely matches that offered.
2. Experience mostly matches that offered.
3. Little relationship exists.
4. Extremely unsatisfactory (please comment).

Comments: _____

f. How did your technical skills and education apply to the position?

1. Were more than required.
2. Were adequate.
3. Were less than they should have been.

Comments: _____

g. Did you receive a proper job orientation?

1. Complete, accurate.
2. Somewhat related.
3. Had no meaning.

Comments: _____

h. Evaluate your Internship Program Coordinator 's willingness and capability of answering questions.

1. Exceeded expectations.
2. Met expectations.
3. Less than expected.

Comments: _____

i. Evaluate your Internship Program Coordinator 's availability when needed for questions, etc.

1. Exceeded expectations.
2. Met expectations.
3. Less than expected.

Comments: _____

j. Evaluate your Internship Program Coordinator 's receptiveness to new ideas you might have had.

1. Exceeded expectations.
2. Met expectations.
3. Less than expected.

Comments: _____

k. How would you rate your relationship with Internship Program Coordinator?

1. Exceeded expectations.
2. Met expectations.
3. Less than expected.

Comments: _____

9. What changes, if any, would you recommend in your internship with Community Corrections?

10. What other areas of experience would you like to acquire through an additional internship?

11. Would you recommend this program to other students?

Yes _____ No _____

OVERALL PROGRAM RATING:

Excellent ___ Very Good ___ Average ___ Marginal ___ Unsatisfactory ___

Date: _____ College/University: _____

Name (Optional): _____

Internship Program Coordinator's Name: _____