MIDTERM INTERNSHIP EVALUATION -- STUDENT FEEDBACK  
FAU School of Communication and Multimedia Studies

Student's Name________________________________________________ Date___________________

Internship Semester______________

Agency_____________________________________________________________________________

Agency Supervisor____________________________________________________________________

Please use the following system to evaluate the internship. Circle the most appropriate number to answer each question:

1 = Yes Definitely  2 = Yes  3 = Somewhat  4 = No  5 = Definitely Not

1. Do you like your internship thus far? Why or why not? Please explain.
   YD  Y  S  N  DN
   1  2  3  4  5

   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

2. Do you feel adequately prepared for your internship?
   YD  Y  S  N  DN
   1  2  3  4  5

   ____________________________________________________________________________________
   ____________________________________________________________________________________

3. Are you able to relate your internship to your curriculum in communication? Please explain.
   YD  Y  S  N  DN
   1  2  3  4  5

   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
4. Do you think the lines of communication are open between you and your agency supervisor?  
   **| Y | S | N | DN |  
   1 | 2 | 3 | 4 | 5 |

5. Is your agency supervisor aware or actively involved in your internship?  
   **| Y | S | N | DN |  
   1 | 2 | 3 | 4 | 5 |

6. Is attendance stressed by your agency supervisor?  
   **| Y | S | N | DN |  
   1 | 2 | 3 | 4 | 5 |

7. Is punctuality stressed?  
   **| Y | S | N | DN |  
   1 | 2 | 3 | 4 | 5 |

8. Is your internship structured enough?  
   **| Y | S | N | DN |  
   1 | 2 | 3 | 4 | 5 |

9. Is your internship overly structured?  
   **| Y | S | N | DN |  
   1 | 2 | 3 | 4 | 5 |

10. Have you received help with intern-related problems from sources other than your faculty and agency supervisor?  
    **| Y | S | N | DN |  
    1 | 2 | 3 | 4 | 5 |

11. Are you learning from your internship?  
    **| Y | S | N | DN |  
    1 | 2 | 3 | 4 | 5 |

12. Do you currently have any problems with this internship? Please explain. Is there anything you would change?  

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13. Do you think you are mastering the objectives established for the internship?

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14. Would you recommend your internship to others? Why or why not? Please explain.

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15. How do you think you have performed thus far in this internship?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please scan and email (preferred) or fax this form to:

Neil Santaniello, Senior Instructor  
School of Communication and Multimedia Studies  
Florida Atlantic University  
777 Glades Road  
Boca Raton, FL 33431  
Email: nsantane@fau.edu  
Phone: 561-212-7446  
FAX: 561-297-2615