

EDUCATIONAL SUPPORT PROGRAM

County of Riverside Student Internship Program

INTERNSHIP EVALUATION

Student Name: _____ Date: _____

Supervisor Name: _____ Department/Division: _____

Please complete the following evaluation of your internship utilizing the rating scale indicated below. Note any qualifications under "comments" that may clarify or elaborate your ratings.

1 - Poor • 2 - Below Average • 3 - Average • 4 - Above Average • 5 - Excellent • N/A

Rating of Internship	Comments
___	Availability of tools necessary to complete your duties (computers etc.) _____
___	Supervisor's availability for questions and assistance _____
___	Clarity of supervisor's instructions _____
___	Clarity of work/ professional expectations _____
___	Overall workload _____
___	Workload variety _____
___	Challenge of the work _____
___	Relevance of the training to your academic program _____
___	Value of the training to your personal and professional development _____
___	The trainer (s) _____
___	Overall training _____
___	Staff assistance level, communication and accessibility _____
___	Internship Program's professional benefit to you _____
___	Your willingness to recommend the program to a friend _____

Additional Comments:

(Provide information on issues important to you i.e. workload, variety, mentorship etc.)

Please return to ESP@RIVCO.ORG