

Internship Placement Evaluation and Feedback Form

Please fill out this form to provide feedback regarding your recent internship placement. This form is formatted for physical printing and manual completion.

1. General Information

Intern Full Name:

Intern ID / Student ID:

Academic Department:

Semester / Term and Year:

2. Placement Host Details

Host Organization / Company:

Supervisor Name and Title:

Internship Role / Title:

3. Placement Evaluation

Please evaluate your experience by writing a score from 1 to 5 in the corresponding box (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree).

| Evaluation Criteria | Score (1 - 5) |
|--|----------------------|
| The tasks and projects assigned were relevant to my field of study. | <input type="text"/> |
| I received adequate guidance, supervision, and feedback during my placement. | <input type="text"/> |
| The working environment was safe, professional, and inclusive. | <input type="text"/> |
| The internship allowed me to develop valuable practical and professional skills. | <input type="text"/> |
| I felt integrated into the host organization's team and culture. | <input type="text"/> |

4. Open Feedback and Comments

What were the primary strengths of this internship placement?

What challenges did you face, and how could they have been better managed?

Would you recommend this placement host to future interns? (Please write Yes, No, or Undecided with brief comments):

5. Sign-off

By signing below, you verify that the information provided is an accurate reflection of your internship experience.

Intern Signature: Date: