

Internship Post-Program Evaluation Form

Please complete this evaluation form to provide feedback on your recent internship experience. This form is designed to be printed and filled out manually or typed directly into the fields before printing.

1. General Information

Intern Full Name:

Intern ID:

Department / Host Team:

Supervisor Name:

Program Start Date:

Program End Date:

2. Program Evaluation

Please rate the following aspects of your internship. Enter a score from 1 to 5 (1 = Strongly Disagree, 5 = Strongly Agree):

The orientation program prepared me well for my tasks:

The work assigned was challenging, meaningful, and relevant:

I received sufficient guidance and feedback from my supervisor:

The work environment was welcoming, safe, and inclusive:

I developed new skills and knowledge during this program:

The internship met my overall expectations:

3. Open-Ended Feedback

What were your most significant achievements during this internship?

What challenges did you face, and how did you overcome them?

What improvements would you suggest for future internship cohorts?

Any additional comments or feedback?

4. Signatures (For Printed Copy Only)

Intern Signature: Date:

Supervisor Signature: Date: