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School of Urban Affairs

LEVIN COLLEGE OF PUBLIC AFFAIRS AND EDUCATION

UST 690 Urban Internship  
Student's Final Evaluation of Internship

Please return this evaluation to the faculty supervisor/instructor of record for your internship.

**Student Information**

Student Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_

Semester: \_\_\_\_\_ Course/Section: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

Internship Organization: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Which courses in your program did you find useful for the internship?**

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**What skills did you develop as a result of your internship?**

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**Please rate your internship experience using the numerical scale below.**

- 4. Exceptional: Consistently exceeded expectations
- 3. Good: Met expectations
- 2. Fair: Rarely met expectations
- 1. Unsatisfactory: Did not meet expectations

|   |   |   |   |   |
|---|---|---|---|---|
| My supervisor established and communicated clear goals.                     | 4 | 3 | 2 | 1 |
| My organization maintained a friendly and cooperative work environment.     | 4 | 3 | 2 | 1 |
| I was able to utilize knowledge gained through my academic program.         | 4 | 3 | 2 | 1 |
| I received regular, constructive feedback on my performance.                | 4 | 3 | 2 | 1 |
| This internship helped develop my critical thinking/problem-solving skills. | 4 | 3 | 2 | 1 |
| I was able to meet/network with other professionals in the field.           | 4 | 3 | 2 | 1 |
| I would rate the quality of my internship as:                               | 4 | 3 | 2 | 1 |

**Please answer the following questions by circling Yes or No.**

|   |     |    |
|---|-----|----|
| Did you receive an orientation to the organization?   | Yes | No |
| Was there sufficient training?  | Yes | No |
| Was the organization open to your ideas?  | Yes | No |
| Did your supervisor show interest in your learning?   | Yes | No |
| Did this experience contribute to your education?   | Yes | No |
| Would you recommend this organization to other interns?   | Yes | No |
| Based on the internship, would you be interested in a job doing the type of work that this organization does? | Yes | No |

**Comments:**

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_