



# Bellarmine University Internship Site Evaluation Form

*Students should return this completed form to their faculty sponsor before the end of the current semester. We urge students to provide a candid assessment for the benefit of other students seeking internships with this employer.*

Student's Name: \_\_\_\_\_ Semester and Year: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

<b>1. Describe your main duties and responsibilities in this internship.</b>
<b>2. List the learning objectives accomplished through this experience.</b>
<b>3. What knowledge, skills and abilities did you strengthen through this internship?</b>
<b>4. What challenges or problems did you encounter during this experience?</b>

**5. What did you like best about this experience?**

**6. What would you change about this internship to increase your overall satisfaction and success?**

**7. Would you recommend this organization and/or internship to another student? Why or why not?**

**8. Please provide additional comments you may have about this internship experience.**

Student's Signature: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

*Please contact Bellarmine University Career Development at 502.272.8151 or [careerdev@bellarmine.edu](mailto:careerdev@bellarmine.edu) if you need assistance.*