

Student Internship Evaluation Form

Department of Communication & Media
State University of New York at New Paltz

Internship Evaluation

Semester _____ Year _____

Name of Agency _____

Location of Agency _____

Number of Credits you Interned for _____

Your name (optional) _____

1) Would you recommend this Internship Site to future SUNY—New Paltz Interns?

___ Yes ___ Yes, with reservations ___ No

Please Explain:

2) Please describe what you found to be valuable about this Internship Experience

3) Please describe any problems or obstacles that you feel are important to note about your Internship Experience

4) There were three main assignments for the Internship Seminar, Please Comment on each assignment and let us know if the assignment enhanced the Internship Experience or took away from it.

A) Blackboard Journal Entries (every other week)

B) Position Paper (mid-semester)

C) Portfolio (final)

Thanks for the feedback.

Would you be willing to talk with students about your internship experience? If so, please include current email. _____