

Student Survey of Internship Experience

(Confidential: No student names on this form)

Department of Communication
Department of Digital Media and Journalism
State University of New York at New Paltz

Date (Month/Year) _____ Major _____

Internship Site Name _____

Internship Site Address _____

Internship Site Website _____

Number of Credits you earned _____ Internship was Paid OR Unpaid

How did you hear about this internship? (Check one)

- | | | |
|------------------------|---------------------------|-------------|
| Company website | Online job search | Newspaper |
| Friend | Family | Career Fair |
| Career Resource Center | Dept Prior Placement List | Other: |

Please rate the following statements by selecting that which most closely matches the level you agree.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
My coursework prepared me adequately for the tasks I needed to complete during my internship.						
The work I performed was challenging and stimulating.						
The internship increased my knowledge in my field of study.						
My work space was functional for the tasks I had to perform.						
I received constructive, on-going feedback from my supervisor.						
My supervisor was available and accessible when I had questions or concerns.						

Overall, how would you rate your internship experience?

Poor Fair Good Very Good Excellent

What would have made this internship experience better?

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

Yes Yes, with reservations No

Please Explain:

Please describe what you found to be valuable about this internship experience

Please describe any problems or obstacles that you feel are important to note about your internship experience

Please return this form by one of the following means:

1. Upload to the Internship Seminar Blackboard -- Final Module.
2. If you are NOT enrolled in the Internship Seminar, then email to Nancy M. Heiz at heizn@newpaltz.edu

Thank you!