INTERNSHIP PROGRAM EVALUATION

(To be completed by the Intern)

Name of Intern:

Agency:

Department/Division:

Sponsor Name/Title:

Please rate the overall internship program.

	Rating				
	Exceptional 5	**Exceeds Expectations 4**	**Meets Expectations 3**	**Below Expectations 2**	**Unacceptable 1**
Please rate the extent to which the internship met your expectations.					
Please rate the working environment.					
Please rate your sponsor's feedback and directions to you.					
Please evaluate the support you received from the team.					
Please rate how defined/organized your project was and related duties and tasks.					
Please rate the level of importance of your project to that of the department/agency.					

Additional Comments: (What can we do to improve)