

BI 410 INTERNSHIP STUDENT EVALUATION

We are soliciting your comments to determine the quality of the internship you have participated in and for use as a factor in assigning credit. Students receive a pass/no pass grade as credit for taking part in BI 410 Internship. This evaluation is due the Friday of dead week (10th week) in the term you are registered for BI 410. If you are graduating at the end of the term, the evaluation must be submitted by the Friday of the 6th week. You should also ask your internship supervisor to complete the BI 410 Internship Supervisor Evaluation at that time.

Please return this signed form in one of the following ways:

Mail: 3029 Cordley Hall, Corvallis OR 97331

Fax: 541-737-0501

E-mail: ib@science.oregonstate.edu

Student's Name

ID#

Phone

Oregon State e-mail

Internship Title

_____ to _____
Dates of Internship

Name of Organization

Name of Supervisor

Organization's Mailing Address

Organization Phone

Please respond to the following questions and provide comments based on your performance and experience with the internship, as well as the responsibilities and expectations outlined in the Internship Approval Form.

How did you fulfill the responsibilities and expectations outlined in the Internship Approval Form? What, if anything, did you fail to fulfill?

How did your ability to function in a professional environment working with others change over the course of this internship?

How did the internship draw on your abilities and/or skills learned in college or develop new abilities and skills?

Please rate your internship and supervisor based on your experience and the responsibilities and expectations outlined in the Internship Approval Form.

	Poor → Average → Outstanding					No basis for opinion
	1	2	3	4	5	
Supervisor feedback on my performance						
Supervisor treatment of me as an intern						
Supervisor support of my internship experience						
Value of the internship to my studies						
Value of internship to my career preparation						

Overall impression: Please circle a response to the statement “I would recommend this internship to other students.”

Strongly agree Somewhat agree Neutral Somewhat disagree Strongly disagree

Overall comments: Please provide us with any additional comments on the internship or your supervision.

Student's Name

Student's Signature

Oregon State e-mail

Phone