

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

TO: Dr. Sorin Nastasia  
Director of Internships  
Department of Applied Communication Studies  
Southern Illinois University Edwardsville  
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Edwardsville, IL, 62026  
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SUBJECT: Summary Evaluation of Internship Experience

Name of Organization: \_\_\_\_\_

Your Position, Title, and Duties:

In replying to the following statements, please use the following scale:

1 = Strongly Agree 2 = Agree 3 = Disagree 4 = Strongly Disagree

Enter the number of your response in the blank before each statement.

\_\_\_ 1. My internship was a meaningful **academic** experience.  
COMMENTS:

\_\_\_ 2. My internship was a meaningful **pre-professional** experience.  
COMMENTS:

\_\_\_ 3. My internship experience was very similar to the one for which I negotiated (and that was specified in my internship application packet).  
COMMENTS:

\_\_\_ 4. I would recommend an internship like mine, with the same organization, to other qualified applied communication studies students.  
COMMENTS:

Please specify the three **most satisfactory** features of your internship experience:

1.

2.

3.

Please specify the three **least satisfactory** features of your internship experience:

1.

2.

3.

What specific suggestions do you have for us that would help make future internships (of the type that you completed) better experiences for students?

May we share your specific comments with the organization for which you did your internship? (Please place a check mark next to your preference).

\_\_\_\_ Yes

\_\_\_\_ Yes, with the following restrictions:

\_\_\_\_ No