**Appendix G2**

# TECH 4390 Internship

**Final Self‐Evaluation of Internship Assignment**

## CONFIDENTIAL

**(To be Used by Engineering Technology Office Only)**

**Directions:** Complete the following evaluation form at the end of your internship and return to your faculty supervisor ON TIME.

Student’s Name:

Employing Firm – Name:

Address:

## PART II

This information is needed by the Engineering Technology Office to assess your feelings at the end of each term. Complete and return the form to your Internship Faculty Supervisor by the end of your internship.

1. Briefly describe the progression of your work assignment:
2. When in doubt, did you ask questions of your supervisor or colleagues? Always Occasionally After work hours Never
3. How frequently has your supervisor reviewed your progress with you?

Daily Weekly Occasionally Has not reviewed

1. Is your relationship with your supervisor:

Excellent Very Good Good Fair Poor

If "Poor," explain:

1. Is your relationship with your co‐workers:

Excellent Very Good Good Fair Poor

1. How will this experience fit with your academic goals?
2. How does this employing organization fit your career goals?\_
3. Are there any unsolved problems that kept you from attaining full value from the experience?

Yes No

If "Yes," explain:

What have you done to solve the problem?

1. Suggest ways that the Department of Technology might make your assignment more meaningful:

Signature

Date\_