

**Bachelor Degree Internship Program
INTERNSHIP SITE ASSESSMENT FORM**

Internship Site:

Cooperator's Name:

Internship Site Address:

Intern:

Faculty Supervisor:

Internship Program Dates Beginning:

Ending:

Please answer the following by checking the appropriate box. Comments are appreciated.

	Yes	Uncertain	No
1. Was this a good internship site personally and professionally for this intern? Why or why not?			
2. Was the intern exposed to modern technology and progressive attitudes for the industry at this site?			
3. Did the site supervisor work well with the intern and spend the required time with him/her?			
4. Would you recommend this site be used in the future? If not, why?			
5. What recommendations or changes would you suggest before placing another intern at this site?			
6. What type of intern would best succeed at this internship site?			
7. What are the strong points this site has to offer interns?			
8. What are the negative features regarding this internship site?			
Comments:			