Department of Women's, Gender and Sexuality Studies The Ohio State University To be completed by the student intern. Name: Date: _____ Semester: Internship Site: Supervisor Name: Please indicate the appropriate selection. Site Internship environment was safe. Resources were available to accomplish tasks. Co-workers were accepting and helpful. Supervisor Supervisor provided a clear description of my duties. Feedback was provided on my progress. Effort was made to make it a learning experience for me. Supervisor was supportive of the agreed-upon work days/hours. **Learning Experience** Internship experience related to the WGSS learning goals. Provided opportunities met my expectations. I learned, accomplished, and completed what I hoped to. Please list 3 specific things you learned during your internship and how they fit into your life and/or career goals. You may attach an additional document if needed.

Internship Exit Survey | WGSST 3191

Comments?