

**Internship Exit Survey | WGSST 3191**

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.**

**Comments?**