

Internship Exit Survey | WGSST 3191

Department of Women’s, Gender and Sexuality
Studies The Ohio State University

To be completed by the internship supervisor.

Name of student being evaluated: _____

Date: _____

Please indicate the appropriate response from the drop-down featurer.

Internship Organization

The student:

Sought to understand the organization's mission and goals.

Supported the organization's mission and goals.

Fulfilled the organization's expectations.

Reported to the internship site as scheduled and on-time.

Exhibited a positive and constructive attitude.

Integrity

The student:

Behaved in an appropriate manner.

Respected the diversity of co-workers

Valued the internship site and co-workers.

Learning Experience

The student:

Asked pertinent and purspurposeful questions.

Sought out appropriate resources.

Accepted responsibility ofr makes and learned form experiences.

Overall Performance

Overall rating of student inter's performance

Comments?

Evaluators Name

Evaluators Signature

Date

Note to student intern: Please return this form to Sai Isoke via email (wgssadvising@osu.edu) or in-person to 286 University Hall, or have your supervisor submit the form via email by the established and agreed upon deadline.