

Student Name _____ Fredonia ID # _____
First Last

Student's Internship Title _____

Dates of Internship from ___/___/___ to ___/___/___ Number of Weekly Internship Hours _____

Site Supervisor _____ Organization Name _____

Site Supervisor's Phone (____) _____ Site Supervisor's E-mail _____

1. **Job Requirements:** Have there been any changes in your job requirements as they appear on your Learning Contract? If yes, please explain.

2. **Educational Objectives:** Please refer to the "Educational Objectives" section on your Learning Contract. In the areas provided below, comment on each objective by doing the following:
 (a.) List the Educational Objective as indicated on your Learning Contract;
 (b.) Describe which parts of the Job Requirements contributed to accomplishing each objective; and
 (c.) State the degree to which you made progress in achieving that objective.

a. Educational Objective	b. Job Requirement	c. Progress
1.		
2.		
3.		
4.		
5.		

Student FINAL Self-Evaluation Form

3. Did this internship help you to clarify your career goals?
 not at all very little somewhat quite a bit very much

4. Did this internship meet your expectations? Yes No Please explain.

5. Would you recommend this internship to other students? Yes No Please explain.

Consider the ways in which this internship has or will prepare you for future career opportunities utilizing the Baccalaureate Goals; to become skilled, connected, creative and responsible. Identify the ways in which you will document these areas of strength on your resume, your LinkedIn profile, portfolio and during interviews.

6. Create three bullet point statements of the top three skills developed during the internship.

7. Additional Comments (optional)

Please discuss this report with your Site Supervisor before sending it to your Faculty Sponsor.

Student Signature

Date

Please complete both pages of this Self-Evaluation Form and return it to your Faculty Sponsor by the final evaluation date listed on your Learning Contract. This is to assist your sponsor in evaluating your progress this semester and the suitability of this internship site for future internships. Your grade will be in jeopardy if all necessary paperwork for your internship is not on file. Thank you for your attention to this matter.

Please return this completed self-evaluation form to your faculty sponsor
through postal mail or e-mail (*firstname.lastname@fredonia.edu*).

Faculty Sponsor
State University of New York at Fredonia
Fredonia, NY 14063