

Indiana University
Cognitive & Information Sciences

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Internship Site Evaluation

Student Intern: Please complete the following evaluation of your internship site. Your answers will help other students considering this internship site in the future. This evaluation will also assist the Cognitive Science Internship Program in identifying and developing quality internship placements. Please be as detailed and honest as possible.

I prefer that my name NOT be given to potential interns when sharing this evaluation (confidential)
 You may include my name when sharing this evaluation with potential interns (non-confidential)

Name _____ Class: FR SO JR SR GRAD

Major(s)/Minor(s) _____ Expected Graduation Date _____

Employer/Organization _____ Internship Dates _____

Supervisor _____ Dept./Area _____

Internship Location (city and state) _____

Was this a paid internship? YES NO Hourly or Stipend? _____ Amount? _____

Hours per week? _____ Did you receive course credit? YES NO How many credit hours? _____

Estimated costs (travel, housing, food, transportation) _____

Were you paid or reimbursed for expenses? YES NO If so, for what or how much? _____

(Attach separate sheet if necessary)

1. Briefly describe your primary job responsibilities.
2. What courses or skills were most useful for the position?
3. What type of training did the employer provide?
4. What type of supervision did the employer provide?
5. What were the strengths and weaknesses of the internship site and position?
6. Would you recommend this site to another student? Why or why not?