



## Student Evaluation of Campus Employment Experience

Name of Student Intern: \_\_\_\_\_

Department: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_ Company Telephone# \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

Total Hours Worked per Week: \_\_\_\_\_

Was the position paid or unpaid? \_\_\_\_\_ If paid, what was the hourly rate? \_\_\_\_\_

Please rate the internship on each of the following characteristics. Place a check next to the statement that most accurately describes the internship experience.

**A. Quality of Supervision**

- \_\_\_\_\_ 1. Very Acceptable
- \_\_\_\_\_ 2. Acceptable
- \_\_\_\_\_ 3. Not Acceptable

**B. Quality of Training**

- \_\_\_\_\_ 1. Very Acceptable
- \_\_\_\_\_ 2. Acceptable
- \_\_\_\_\_ 3. Not Acceptable

**C. Relevance to Degree / Coursework**

- \_\_\_\_\_ 1. Very Acceptable (Was able to use knowledge learned in the class room in the position.)
- \_\_\_\_\_ 2. Acceptable (Not always relevant to what I learned in the classroom.)
- \_\_\_\_\_ 3. Not Acceptable (Duties were not tied to classroom learning and experience.)

**D. Relevance to Building Employment Skills and Furthering Education**

- \_\_\_\_\_ 1. Very relevant (helped me gain abundant employment skills an awareness I will use in future work experiences/contributed to my education outside the classroom)
- \_\_\_\_\_ 2. Somewhat relevant (Kind of brought new skills awareness and/or somewhat contributed to my education outside of the classroom)
- \_\_\_\_\_ 3. Not at all relevant (Did not help me gain neither employment skills/awareness, nor did it contribute to my education outside of the classroom)

**E. Was this a valuable experience and how can it be made better?**

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**F. What is your overall evaluation of the experience?**

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**G. What are the outstanding attributes of this office/department:**

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**H. Describe any problems you encountered in the work environment:**

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**I. (Optional) Would you recommend this position to other students? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If no, please explain why: \_\_\_\_\_**

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**J. How did you hear about the position? Place X on all that apply.**

**Campus Employment Website \_\_\_\_\_ CPDC/Warrior Jobs \_\_\_\_\_**

**Faculty \_\_\_\_\_ Warrior Legend \_\_\_\_\_ Staff Member \_\_\_\_\_ Other: \_\_\_\_\_**

**K. Please make any other comments you feel would be helpful to the Campus Employment Team:**

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**Student Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Unless otherwise noted below, the information contained in this evaluation will not be directly shared with the department, but rather used in the development of strategies to assist departments in areas of needed improvement and to further the education of all of our students. The Campus Employment Staff strives to continue to develop and enhance preparation programs for our students.

\_\_\_\_\_ Campus Employment Team may share with department  
(please initial if granting permission)

**Please return to:**  
**Cindy Verduce, Director,**  
**Learning Support Services &**  
**Career Planning & Development Center**  
**Indiana Tech, Andorfer 229, 1600 E. Washington Blvd.,**  
**Fort Wayne, IN 46803**  
[cpverduce@indianatech.edu](mailto:cpverduce@indianatech.edu)