

INTERNSHIP EVALUATION

Student Name: _____

Date: _____

Student Concentration: _____

Faculty Advisor: _____

Internship Dates: _____

Internship Field: _____

Org. Name: _____

Supervisor Contact: _____

Org. Address: _____

Supervisor Title: _____

Supervisor Phone: _____

What Role did your Supervisor play during your internship?

Mentor

Micromanager

Macro Manager

Distant

Active

Comments or Suggestions: _____

Name of position or type of work on the internship: _____

ARRANGEMENTS

1. Were you compensated financially in any way?
2. What were your housing/financial arrangements (in general)? (If a future intern could use the same housing, please give details).

ACTIVITIES AND EXPERIENCE

1. Which activities on the internship were the most/least enjoyable, and most/least productive?
2. Did the internship challenge you to apply biblical principles to the area of work?

3. Were your talents and skills as a graduate student exercised and utilized sufficiently? If not, could satisfactory changes be made at this organization in the future?

4. What were the ancillary benefits of this internship?

5. Would you recommend this internship to others? Would you like to work for this organization? Why or why not?

ROBERTSON SCHOOL OF GOVERNMENT CURRICULUM

1. Is the internship requirement a beneficial aspect of the government program? Should it continue as a requirement?

2. How could you have been better prepared for this internship?

3. Based on your experience on the internship, should the curriculum in the Robertson School of Government be altered? If so, how?

OVERALL IMPACT AND EVALUATION

1. Have you gained considerably in your general professional preparation by having completed this internship?

2. Did the internship fulfill your particular concentration calling?