

Intern Evaluation

Thank you for participating in a Coastal Fund sponsored internship! We are very interested in improving our internships and supporting projects that provide great experiences for students. Please submit completed form to coastalfund@as.ucsb.edu. You may also contact the Coastal Fund Administrative Coordinator or Advisor with questions by emailing coastalfund@as.ucsb.edu or by calling (805) 893 – 5166.

Intern Name:

Intern Email:

Project Title:

Project Number (example, Fall 15-01):

Today’s Date:

Sponsoring Organization:

Supervisor Name:

Supervisor Email:

[ ]  Check here if you wish to keep this form confidential.

Which best describes your internship?

[ ]  Hourly wage ($     ) [ ]  Stipend ($     ) [ ]  Course credit

How well do you feel this program utilized its resources and your time?

[ ]  Excellent [ ]  Very Good [ ]  Good [ ]  Fair [ ]  Poor

How would your rate the quality of supervision and direction?

[ ]  Excellent [ ]  Very Good [ ]  Good [ ]  Fair [ ]  Poor

How well did this internship complement your academic experience?

[ ]  Excellent [ ]  Very Good [ ]  Good [ ]  Fair [ ]  Poor

Please rate your overall experience with this internship.

[ ]  Excellent [ ]  Very Good [ ]  Good [ ]  Fair [ ]  Poor

Please briefly describe your internship and your typical work.

What knowledge and/or skills have you gained as a result of this internship?

Describe how this internship affected your career goals and preparation.

Describe how your supervisor(s) affected your overall experience.

Were there any issues with your internship that you think we should be aware of?

Do you have any additional comments?