**ECU School of Communication**

**Student’s Midterm Evaluation of Internship Experience**

Today’s Date:

Term of Internship:

Student’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_** Banner ID #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Agency/Business Placement: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Agency Supervisor: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student’s Academic Concentration: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E-mail: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What internship experiences relate directly to your career goals? (List.)

The internship task I enjoyed most was:

The internship task I enjoyed least was:

I felt rewarded when:

The task for which I felt best trained was:

The task for which I felt least trained was:

Suggestions for my self-improvement include:

**Please submit by due date (on course schedule) to:**

**Brittany Thompson Phone: 252-737-4707**

**Internship Coordinator FAX: 252-328-1509**

**School of Communication E-mail: thompsonbri14@ecu.edu**

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**East Carolina University**

**Greenville, NC 27858**