**ECU School of Communication**

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

Semester of Internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Agency Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Directions: Answer each question completely and as honestly as you can.***

1. What are your duties on this internship?

2. How have these duties related to your academic studies at ECU?

3. What percent of your learning goals were met?

\_\_\_\_ More than 100% \_\_\_\_\_ 80% \_\_\_\_\_ 50%

\_\_\_\_ 100% \_\_\_\_\_ 70% \_\_\_\_\_ less than 50%

\_\_\_\_ 90% \_\_\_\_\_ 60%

4. What about this experience enhanced your personal or professional development?

(i.e. self-confidence, increased competence, perseverance, attitude, determination, responsibility, ethical decision-making,

professionalism, etc.)

5. Did this internship differ from your initial expectations? If so, how?

6. Were you able to add to your professional network from…

… within the agency?

… within the community where you worked?

… within the profession?

7. To what extent did you meet regularly with agency staff and/or management?

\_\_\_\_ Daily \_\_\_\_ Weekly \_\_\_\_ Every 2 Weeks \_\_\_\_\_ Monthly \_\_\_\_Once \_\_\_ Never

8. If another student was considering this internship, what advice would you give them?

9. How satisfied were you with the jobs you were asked to do?

\_\_\_Very Satisfied \_\_\_\_Somewhat Satisfied \_\_\_\_OK with it \_\_\_Dissatisfied \_\_ Very Dissatisfied.

10. Have you experiences in this internship affected your career choice(s)? \_\_\_\_ How ?

11. Please indicate your satisfaction with the SOC Internship process before & during the internship.

\_\_\_Very Satisfied \_\_\_\_Somewhat Satisfied \_\_\_\_OK with it \_\_\_Dissatisfied \_\_ Very Dissatisfied.

12. Rate your overall internship experience.

\_\_\_ Excellent \_\_\_\_ Very good \_\_\_\_ Average \_\_\_ Fair \_\_\_\_ Poor

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Brittany Thompson Phone: 252-737-4707

Internship Coordinator FAX: 252-328-1509

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