

Intern: _____ Dates of Internship: _____

Internship Site: _____ Supervisor: _____

Please evaluate your internship in the areas listed below. Your feedback helps us improve the internship program. This evaluation will have no effect on your performance rating or grades.

Please evaluate the internship in relation to:

Defining your project(s): EXCELLENT _____ SATISFACTORY _____ NEEDS IMPROVEMENT _____

COMMENTS: _____

Matching your skills with project: EXCELLENT _____ SATISFACTORY _____ NEEDS IMPROVEMENT _____

COMMENTS: _____

Having your duties clearly set out: EXCELLENT _____ SATISFACTORY _____ NEEDS IMPROVEMENT _____

COMMENTS: _____

Having opportunities for creativity: EXCELLENT _____ SATISFACTORY _____ NEEDS IMPROVEMENT _____

COMMENTS: _____

Providing sufficient challenges: EXCELLENT _____ SATISFACTORY _____ NEEDS IMPROVEMENT _____

COMMENTS: _____

Being involved in planning: EXCELLENT _____ SATISFACTORY _____ NEEDS IMPROVEMENT _____

COMMENTS: _____

Having appropriate work space: EXCELLENT _____ SATISFACTORY _____ NEEDS IMPROVEMENT _____

COMMENTS: _____

Amount of routine office work: EXCELLENT _____ SATISFACTORY _____ NEEDS IMPROVEMENT _____

COMMENTS: _____

Having appropriate supervision: EXCELLENT _____ SATISFACTORY _____ NEEDS IMPROVEMENT _____

COMMENTS: _____

Supervisor's availability: EXCELLENT _____ SATISFACTORY _____ NEEDS IMPROVEMENT _____

COMMENTS: _____

Supervisor's knowledge of the job: EXCELLENT _____ SATISFACTORY _____ NEEDS IMPROVEMENT _____

COMMENTS: _____

Anything else (use back if needed): _____

Please Return this form to:

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