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:
Director, Museum Studies Program, University of Kansas, 1410 Jayhawk Boulevard, Lawrence, Kansas 66045
Telephone 785-864-4543 museumstudies@ku.edu www.museumstudies.ku.edu