

## EVALUATION OF INTERNSHIP BY INTERN

Intern's Name: \_\_\_\_\_ Field Supervisor's Name: \_\_\_\_\_

Internship Site: \_\_\_\_\_

Date of internship: From: \_\_\_\_\_ To: \_\_\_\_\_

1. In your opinion, how well were the learning objectives achieved or not achieved during the internship?
2. In what ways did you contribute to the organization in which you were an intern?
3. What learning experiences were the most significant to you?
4. Please list the strengths of your internship.
5. If you were to design this internship for another student, what would you do differently? Explain why.

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**Please sign and return this form to your faculty advisor: The University of Georgia, Adult Education Program,  
River's Crossing, 850 College Station Rd., Athens, GA 30602**

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_