



## Pre-Health Internship Program

### Student Evaluation Form

Student: \_\_\_\_\_ ASU ID #: \_\_\_\_\_

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

Semester/Year: \_\_\_\_\_

	Very Little		Medium		Very Much
	1	2	3	4	5

**Evaluation of Personal Experience** (please assign number):

How much did you learn at this site? \_\_\_\_\_

Do you think that you made a contribution? \_\_\_\_\_

Did your duties facilitate your goals? \_\_\_\_\_

**Performance of Community Site** (please assign number):

How challenging was your work? \_\_\_\_\_

Were your tasks/duties clear? \_\_\_\_\_

Were your co-workers helpful? \_\_\_\_\_

How relevant was your academic learning to your internship? \_\_\_\_\_

**Performance of the Internship Program** (please assign number):

Did the program fulfill your expectations? \_\_\_\_\_

Would you recommend this internship to others? \_\_\_\_\_

Do you think you were placed accordingly? \_\_\_\_\_

**In what way did your internship experience change your career or educational plans? (Please Check One)**

\_\_\_\_\_ It confirmed my plans  
plans

\_\_\_\_\_ I have decided to change career

\_\_\_\_\_ It made me question my previous choice

\_\_\_\_\_ It had no effect

**If you have additional comments, please attach a one page typed, double spaced statement to this evaluation.**

Student: \_\_\_\_\_

Date: \_\_\_\_\_