**Student Mid-Internship Evaluation**

Thank you for taking the time to thoughtfully complete this mid-internship evaluation. By discussing this with your supervisor, your comments help you reflect on your experience and help define the rest of your internship.

**Student Name** (Last, First):

Internship Start Date: Internship End Date:
MSU Department of Internship:

Supervisor Name:

Student’s Internship Title:

**Please rate the following based on your internship so far:** POOR EXCELLENT

Your individual job performance 1 2 3 4 5

Your attendance 1 2 3 4 5

Your attitude in the 1 2 3 4 5

Your supervisor’s availability to answer questions 1 2 3 4 5

Regularly scheduled meetings with your supervisor 1 2 3 4 5

Your willingness to ask for help 1 2 3 4 5

Job duties related to your learning agreement objectives 1 2 3 4 5

Developing skills that are valuable in your career field 1 2 3 4 5

You are meeting expectations set in the learning agreement 1 2 3 4 5

Receiving necessary training and resources to do your job 1 2 3 4 5

Using what you are learning on the job in the classroom 1 2 3 4 5

Your workload is challenging 1 2 3 4 5

Your overall internship experience 1 2 3 4 5

**Additional Comments or Concerns:**

**Do you feel the initial Learning Agreement needs to be modified?** Yes No

( If yes, please work with your supervisor to make any changes to your learning objectives )

By signing below, you are stating that **you have reviewed the mid-term internship evaluation with your supervisor.**

Student Signature: Date:

Supervisor Signature: Date:

Update: 6-15-20