



North Valley

Career and Technology Center

Student Information

Student Name:

Employer:

Work-site Mentor:

Internship Start Date:

Internship End Date:

Student Responsibility: Return this completed form to the teacher at the end of the internship experience.

Evaluation of Internship Experience

Scale: 1 – Poor 2 – Needs Improvement 3 – Average 4 – Good 5 - Excellent

Work-based Learning Experience	Rating				
Related to my career goal	1	2	3	4	5
Helped in planning my career	1	2	3	4	5
Still interested in this career	1	2	3	4	5
Received guidance and direction from work-site mentor	1	2	3	4	5
Used time wisely	1	2	3	4	5
Assigned appropriate amount of work expected; appropriate quality of work	1	2	3	4	5
Emphasized work ethics	1	2	3	4	5
Provided internship experience as outlined in agreement	1	2	3	4	5
Was of sufficient length	1	2	3	4	5
Was a positive experience overall	1	2	3	4	5

Remarks:

Signature of Student

Date