

**FINAL INTERNSHIP RATING FORM**

Date:

Student Name:

Internship Supervisor Name:

Agency:

*This form, when completed, will only be viewed by the Faculty Supervisor. Your internship supervisor will not see this form unless you specifically request that it be made available to him or her.*

1. How did this work experience relate to your academic experience?
2. Did your Public Administration coursework provide you with the necessary skills to fulfill your work objectives? Give examples.
3. Can you recommend skills that would help prepare students for this internship?
4. What significant contribution do you believe you made to the agency?
5. What was your most valuable experience from the internship?
6. How did the internship add to your understanding of how the public sector functions?

7. Were you able to develop a personal/professional/mentoring relationship with any of the people with whom you worked in the agency? Explain.

8. Would you want full time employment with this agency or a similar agency? Why or why not?

9. Did the internship change your mind about work in the public sector? How and why?

10. Were you offered a position with the agency?  Yes  No

If yes, what is the position?

11. Did you get a letter of recommendation from the agency?  Yes  No

12. Would you recommend this internship to another student?  Yes  No

Why or why not?

13. Additional comments.

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Student's Signature

Date