

INTERNSHIP EVALUATION BY INTERN

Please complete this form. The information will be used to help us enhance the MPA Program.

Intern's Name:

Employer Name:

Description of intern's performed duties (assigned & assumed):

Self-evaluation of performance:

Assessment of your educational preparation in fulfilling responsibilities:

Effectiveness of internship experience as related to your career goals:

Would you recommend this employer for another internship:

Intern's Signature: Date: