Final Student Self-Evaluation

**General Information**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Program:</th>
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<tr>
<th>Quarter and Year:</th>
<th>Internship Start and End Dates:</th>
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<tbody>
<tr>
<td></td>
<td>From: / / To: / /</td>
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<table>
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<tr>
<th>Company Name:</th>
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<tr>
<th>Site Supervisor’s Name:</th>
<th>Phone or Email:</th>
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<tr>
<th>Faculty Mentor’s Name:</th>
<th>Phone or Email:</th>
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**Overall Internship Experience**

*Please evaluate your internship experience using a scale of 1 to 5 as outlined below.*

(1) Not at all (2) A little (3) Somewhat (4) Yes (5) Absolutely

___ My internship has helped me better understand my academic and professional goals

___ My classroom knowledge and training from SSSC helped me in this internship

___ I feel more prepared to enter the workforce now that I have completed an internship

___ The overall quality of the internship experience was excellent

**Job Performance**

*Please place an “X” in the box that corresponds with your performance.*

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<tr>
<th>Criteria</th>
<th>Marginal</th>
<th>Average</th>
<th>Above Average</th>
<th>Great</th>
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<tbody>
<tr>
<td>Attendance</td>
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<td>Punctuality</td>
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<td>Appearance &amp; Cleanliness</td>
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<tr>
<td>Interpersonal/Communication</td>
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<td>Skills</td>
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<td>Attitude &amp; Interest in Learning</td>
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<td>Ability to Follow Directions</td>
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<td>Judgment</td>
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<tr>
<td>Technical Skills &amp; Work Quality</td>
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<tr>
<td>Overall Performance</td>
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Please submit a completed form one of the following ways: Fax (206) 934-6605, or drop off at the WorkSource Office, RS 79.
**Internship Experience**
*Please use examples and details to answer the following questions as completely as possible. Attach additional paper if necessary.*

1) How has this internship experience influenced your future career goals and better prepared you in your area of study?

2) Name something you learned in the classroom at SSCC that was helpful in your work at the internship site?

3) How did your Faculty Mentor help you accomplish your Learning Outcomes?

4) Discuss a challenge you faced during your internship and the actions you took to resolve the situation.

**Site Feedback**
*Please share your thoughts about your internship site and use examples and details to answer the following questions as completely as possible. Attach additional paper if necessary.*

1) What types of resources and tools were you given to perform assigned tasks?

2) How did your Site Supervisor help you meet your Learning Outcomes?

3) Would you recommend this internship site/employer to other students? YES NO Why or why not?

4) Were you hired on at your internship? YES NO Was already employed here What is your rate of pay? *(This information is used to collect data and will not be shared)*

Please submit a completed form one of the following ways: Fax (206) 934-6605, or drop off at the WorkSourceOffice, RS 79.
Embedded Career Specialist Feedback
Please evaluate the assistance you received from the Embedded Career Specialist using a scale of 1 to 5 as outlined below:

(1) Not at all
(2) Somewhat
(3) Yes
(4) Absolutely
(5) Doesn’t apply

_____ The Embedded Career Specialist was available to meet with me before, during, and at the end of my internship

_____ The Embedded Career Specialist was informative about the internship process

_____ The Embedded Career Specialist helped me better understand my academic and professional goals

_____ The Embedded Career Specialist helped me identify internship or job sites

_____ The Embedded Career Specialist assisted me in creating or updating my resume

_____ I will meet with an Embedded Career Specialist again to conduct a job search

_____ I would recommend working with an Embedded Career Specialist to other students

_____ I was happy with the support I received from the Embedded Career Specialist

1) Additional Comments:

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Faculty Mentor Feedback

Student Intern does NOT complete this page. Please give this page to your Faculty Mentor to complete when you meet at the end of your internship. Your Faculty Mentor will take notes below as you discuss the internship experience.

1) How much time was spent advising this student?

2) Comments regarding the Student Intern’s performance:

3) Recommendations for Student Intern moving forward:

4) Date of the site visit and duration of visit:

5) Would you recommend this site to other Student Interns?

I have met with the above student and give the Internship Program Coordinator permission to approve and submit the student’s final grade as indicated below on my behalf:

GRADE (please circle one): Satisfactory (S) On-going (Y) Incomplete (I)

Name: ________________________________ Department/Program: ________________________________

Office Phone: __________________________ Email: ________________________________

Faculty Mentor Signature: __________________________ Date: __________________________

Embedded Career Specialist Signature: __________________________ Date: __________________________

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