



Internship Evaluation

Name: _____ Semester/Year: _____

Internship Position: _____ Department: _____

Supervisor's Name: _____

INTERNS: Please read the following statements and circle the appropriate rating. You may include additional comments at the end of this form. Submit the completed form to the Volunteer Center via mail, hand delivery or fax.

1. I am satisfied with the position I held with Leon County.	Not At All				Very Satisfied				
	1	2	3	4	5	6	7	8	9
2. I was well received by my supervisor and departmental staff.	Not At All				Extremely				
	1	2	3	4	5	6	7	8	9
3. The department was prepared for my arrival.	Not At All				Extremely				
	1	2	3	4	5	6	7	8	9
4. I was given a clear description of my duties and/or responsibilities; assignments were meaningful and or consistent.	Not At All				Always				
	1	2	3	4	5	6	7	8	9
5. Rate your internship with Leon County overall.	Poor				Excellent				
	1	2	3	4	5	6	7	8	9

Additional Comments:

Intern's Signature: _____ Date: _____

★Please return this form at the end of your internship