Site supervisor name: ___________________________  Organization: ___________________________

Student name: ________________________________  

1. What was the approximate total number of hours of work that the intern completed for your organization?

2. Revisit the intern’s original learning goals for the internship. Do you think he or she was able to accomplish those goals?

3. Evaluate the quality of work completed by the intern in relation to your own expectations and organizational goals. Was this student the right fit for your needs?

4. Would you be interested in hosting a JPST intern again in the future? If so, for which positions or special projects?

Signature of site supervisor: ________________________________  Date: ________________

Return this form to: JPST Internship Supervisor, Mike Klein, JRC 153, mcklein@stthomas.edu