

**PALAU COMMUNITY COLLEGE
INTERNSHIP TRAINING**

**CONFIDENTIAL STUDENT EVALUATION
OF THE
INTERNSHIP TRAINING WORK EXPERIENCE**

Student Name: _____ Major: _____

Employer (name of Company/Agency): _____

Name of Site Supervisor: _____ Title: _____

Description of duties (Intern trainee): _____

Please rate your work experience during this past work period according to the following criteria. Make additional comments if you wish. The purpose of the form is to provide you opportunity for frank appraisal of the job location in the interests of the employer and future students. Please place a check mark beside your rating.

Work experience related to field of study
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Adequacy of employer supervision
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Helpfulness of job supervisor
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Cooperativeness of fellow workers
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Opportunity to use academic training
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Opportunity to develop human relations skills
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Provision for levels of responsibility consistent with student ability and growth
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Opportunity to develop communication skills
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Opportunity to develop creativity skills
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Opportunity to solve problems
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Opportunity to develop critical thinking skills
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Helpfulness of faculty coordinator
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Helpfulness of the college internship training placement coordinator
High _____ Good _____ Average _____ Poor _____ Very Poor _____ No Observation _____

Did the assignment meet _____ exceed _____ or fall below _____ your expectation?

Would you want to work for this organization again? Yes _____ No _____

Would you please give your employer an overall evaluation? Excellent _____ Very Good _____ Good _____ Average _____

Would you recommend the internship training program to other students in your field? Yes _____ No _____

Please make specific comments to help us in further evaluating your training experience.

Student Signature

Date

**PALAU COMMUNITY COLLEGE
INTERNSHIP TRAINING
P.O. BOX 9, KOROR, PALAU 96940
PHONE: 488 – 2471**

STUDENT SELF-EVALUATION

DATE: ___/___/___

Name: _____ Major: _____
Firm: _____ Activity: _____
Your department work area: _____ Job Title: _____
Year: _____ Month: _____

STUDENT DESCRIPTION OF INTERNSHIP TRAINING EXPERIENCE

1. PROFESSIONAL/TECHNICAL DEVELOPMENT

List at least three technical skills which you either learned/practiced for the first time or in which you gained confidence through repetition. Describe how that learning occurred and why that learning was meaningful. (You may use the back of this form or attach new sheet if necessary.)

2. PERSONAL DEVELOPMENT

What have you learned about yourself during your internship training assignment? Give examples of how you have grown personally. What have you learned about others? Give examples from personal experience which demonstrates that you now have a deeper understanding of fellow human beings. (You may use this form or attach new sheet if necessary.)