

This form must be signed by:
STUDENT



COLLEGE
OF THE
FLORIDA KEYS

Student Evaluation of Internship

Student Name: _____ CFK ID# _____

Name of Employer/Company: _____

Address of Employer/Company: _____

City: _____ State: _____ Zip: _____

Phone: _____ Dates of Employment: _____

Supervisor Name: _____ Supervisor Email: _____

Description of position(s) worked: _____

Evaluation of work experience: _____

Rate the following:

Rating Key

Worksite experience: _____

3 points - Excellent

Internship supervisor: _____

2 points - Good

Learning experience: _____

1 point - Fair, needs improvement

Overall quality of internship experience: _____

0 points - Poor

What are the greatest strengths and areas of improvement that would benefit future internships at this site?

Student Signature

Date