

Exit Survey of Internship Outcome

Name:

Email:

Phone:

Address:

Start Date:

End Date:

Did you find this internship successful?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this internship a good learning experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were the details of this internship explained thoroughly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive enough training to perform the internship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the supervisor provide constructive feedback?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did this experience help you make a choice for your career goals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no was answered for any of the questions above, please explain:

What did you like most about the internship?

What did you like least about the internship?

What actions did you enjoy the most?

What actions did you enjoy the least?
