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|  | ***College of Education******Department of Educational Psychology*** |

**Supervised Internship Experiences**

M.Ed. Student Affairs – Intern Evaluation of Site

**Intern Name (Last, First, MI):**       **NAU ID:**

**Program:** M.Ed. Student Affairs **Campus:** Choose an item.

**Site Name:**

**Semester/Yr:**

**DIRECTIONS: The intern is to complete this evaluation form at the end of the internship. The original completed form is given to the Faculty Supervisor and a copy is given to the School Supervisor.**

 **Below Average Average Above Average**

1. Relevance of experience to career

goals. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]

1. Exposure to policies & procedures. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]
2. Exposure to professional roles &

functions within the organization. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]

1. Exposure to inter-organizational

 partnerships. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]

1. Exposure to an atmosphere that

 promotes cooperation & teamwork. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]

1. Overall evaluation of site. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]

**Strengths of the agency site:**

**Areas that could be improved at the agency site:**

Intern Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

On-site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**