|  |  |
| --- | --- |
|  | ***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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**