

FORM 4: STUDENT'S EXTERNSHIP EVALUATION

This Summary Evaluation MUST be completed prior to credit being issued.

NAME: _____ Spring Summer Fall YEAR: 201_____

PLACEMENT: _____

SUPERVISOR: _____

Please complete this form as candidly and thoroughly as possible. It will not be shown to your supervisor. The information will be used by the faculty and administration to evaluate your externship experience, and to assist future students. Credit will not be granted for this externship until this form is completed and returned to the Straus Institute.

Please use an additional sheet for answers that you would like to explain in depth. All answers will be kept confidential and/or anonymous.

1. Please describe your work in this externship placement.

2. Were your assignments timely, clear, and beneficial? Please explain.

3. Did your supervisor help to provide you with a meaningful experience?

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4. Would you recommend keeping this placement in the externship program? Please explain your positive or negative observations.

5. How was this externship similar to what you expected?

How was it different?

6. Do you feel that your individual desires were listened to in your placement search?

How did this placement help or not help you in your career search?

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7. How was the Externship Administrator (Joanna Reese)/ the Externship Process helpful?

What would have been more helpful?

8. What were the most significant things you learned in this externship about the profession or organization?

9. What were the most significant things you learned in this externship about yourself?

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10. Please fill out this quick survey. Please respond based on your assessment or your agreement.

1 = Awful, I strongly disagree

10 = Great/ I greatly agree

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| <i>Type of assignments</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| <i>The workload was adequate</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| <i>Increased my professional network</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| <i>Straus assistance if I had questions</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| <i>Supervisor accessibility if I had questions</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| <i>Timeliness of Straus response</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| <i>Timeliness of Supervisor response</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| <i>Observed dispute resolution techniques</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| <i>Advanced my professional goals</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| <i>I hope to keep in contact with my supervisor</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| <i>I would recommend this placement</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| <i>The work atmosphere was enjoyable</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| <i>I learned a lot from this externship</i> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |

Please feel free to provide additional comments and observations about this externship assignment. We want to keep our student's educational externship experience of the highest caliber and greatest benefit. Your comments and thoughts will be of great assistance.

Thank you for completing this evaluation form.