

Indiana University
Cognitive & Information Sciences

Psychology Bldg., Bloomington, IN 47405
(812) 855-4658; fax: (812) 855-1086

Final Intern Evaluation _____

Student Name _____ Date _____

Company/Organization _____

Address _____

Phone _____

Supervisor _____

Title _____

Supervisor:

Please submit the completed final intern evaluation by _____ to the Cognitive Science Program Internship Coordinator, at the address provided above, or fax the completed form to Attn: Cognitive Science Internship Coordinator at (812) 855-1086.

On an attached sheet, please discuss the following in as much detail as you think appropriate. Please be sure to sign the evaluation.

Student Intern Evaluation

1. In reviewing the objectives stated on the internship learning contract, did the student successfully achieve those objectives? How?
2. What were the intern's major strengths? Discuss your observations of the student's development in skills, knowledge and professional performance.
3. What areas of continued learning and improvement would benefit the student's effectiveness in professional working environments similar to that of this internship?
4. Additional comments. Please use this opportunity to offer additional feedback, advice, or comments that pertain to the student's future growth and learning, and for personal and professional success.

Cognitive Science Internship Program Evaluation

1. In your opinion, did the student intern's previous coursework and/or experience adequately prepare him/her for the tasks and responsibilities of this internship?
2. What types of courses or prior experience would you recommend for a student interested in pursuing this internship in the future?
3. Please comment on the administrative processes and support services associated with the Cognitive Science and Information Sciences Internship Program. What suggestions can you provide for improving the process?