



Lilly Service Internship Fund

Form can be mailed, faxed or dropped off at the Career Development Center

Please complete this evaluation of your internship experience.

Your Name: _____ Date: _____

Your Internship Supervisor's Name: _____

Your Internship Organization: _____

How did you find your internship?

- a) SPU's eRecruiting []
- b) Other online listing [] Specify: _____
- c) Career Center staff []
- d) Developed own internship []
- e) Turned part-time position into internship []
- f) Other [] Specify: _____

Please evaluate your internship performance by circling 1 (low) - 5 (high) or as appropriate:

1 2 3 4 5	1. Quality of your work at your internship site? (accuracy, thoroughness, efficient use of time)
1 2 3 4 5	2. Dependability (ability to work independently and meet deadlines, adherence to working hours, arranges lateness/time off in advance)
1 2 3 4 5	3. Attitudes toward work (motivation, desire to improve, enthusiasm, response to pressure)
1 2 3 4 5	4. Relations with others (with supervisor, co-workers, customers; use of tact and diplomacy)
1 2 3 4 5	5. Overall performance

Please rate your skills as a result of your internship by circling the appropriate number, 1 (low) - 5 (high)

1 2 3 4 5	1. Ability to apply personal ethics in the workplace.
1 2 3 4 5	2. Knowledge of range of professional opportunities.
1 2 3 4 5	3. Preparation for workplace after graduation.
1 2 3 4 5	4. Ability to act appropriately in professional setting.
1 2 3 4 5	5. Leadership skills.
1 2 3 4 5	6. Confidence interacting with professionals.
1 2 3 4 5	7. Level of personal initiative.

Did you change or confirm your career plans as a result of your internship experience?

What suggestions do you have for improving the Lilly Service Internship Fund? How can CDC assist students and/or internship organizations more effectively and efficiently?

Other Comments:

May we quote your statement in CDC promotional materials? Yes[] No[]