

The College of New Jersey Internship Completion Form

This form is a required part of your Internship Portfolio. Please complete and include it with your reflective journal.

Your name _____

Name of internship site _____

Supervisor's name _____

How many hours did you spend on the internship? _____

Rate the internship on the following criteria:

Overall experience	Extremely positive	Positive	Average	Below average	Negative
Acquired new knowledge and skills	Extremely positive	Positive	Average	Below average	Negative
Relevance to major/minor	Extremely positive	Positive	Average	Below average	Negative
Varied, challenging tasks	Extremely positive	Positive	Average	Below average	Negative
Mentoring relationship	Extremely positive	Positive	Average	Below average	Negative
Gained experience related to career plans	Extremely positive	Positive	Average	Below average	Negative
Opportunity to expand professional network	Extremely positive	Positive	Average	Below average	Negative
Recommend experience to peers	Extremely positive	Positive	Average	Below average	Negative

Do you have any other comments about your internship or your supervisor? Are there any skills you wish you had learned, or knew more about, before you started your internship?
