

STUDENT INTERNSHIP EVALUATION

STUDENT INFORMATION

Name _____ X number _____

Dates of Internship _____

Employer _____

On-Site Supervisor _____

Phone _____ Email _____

EVALUATION OF CCP SERVICES (please circle)

RESUME REVIEW/ WORKSHOP

Very helpful Somewhat helpful Not at all helpful Did not participate

PORTFOLIO REVIEW

Very helpful Somewhat helpful Not at all helpful Did not participate

ONLINE JOB BOARD

Very helpful Somewhat helpful Not at all helpful Did not participate

INDIVIDUAL ASSISTANCE

Very helpful Somewhat helpful Not at all helpful Did not participate

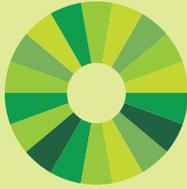
Comment on any of the above services. Your honest opinions and suggestions will help us improve.

ABOUT YOUR INTERNSHIP

Describe the projects or products you worked on.

What tools did you use the most? (Computer graphics programs, design elements, technical, etc.)

CCP



Center for Creative Professions
Internships & Employment

In what ways did your internship impact you personally and your professional/career development?

Describe any challenges or concerns you had during your internship.

Did you speak with your on-site supervisor about your concerns? Yes ___ No ___ N/A ___

Did you speak with CCP about your concerns? Yes ___ No ___ N/A ___

How was the issue/problem resolved?

Would you recommend an internship at this company to other students? If so, why? If not, why?

OVERALL COMMENTS OR SUGGESTIONS FOR CCP.
