Internship Progress Report

Complete this form at the conclusion of each work term and submit it to your Career Advisor or Internship Instructor. Failure to return the Internship Progress Report will result in an “Incomplete” or “Not Pass” for your internship course.

Student’s Name ____________________________

Supervisor’s Name ____________________________

Please answer the questions below to help your Career Advisor / Internship Instructor monitor your work term. This form is also shared with your academic department. If you have any questions regarding the quality of your internship experience, see your Career Advisor / Internship Instructor.

SUPERVISION

1. Was assistance from your supervisor available to you?
   _____ Frequently   _____ Seldom   _____ Never   _____ If needed

2. Was adequate explanation given to you concerning the behavior that was expected of you as an intern?
   _____ Yes   _____ No   _____ Sometimes

3. Was adequate explanation given to you concerning your assigned tasks?
   _____ Yes   _____ No   _____ Sometimes

4. How often did your supervisor discuss your job performance with you?
   _____ Weekly   _____ Monthly   _____ Once or twice   _____ Never

PROFESSIONAL DEVELOPMENT

1. How often did you feel the work you performed was of professional value?
   _____ Always   _____ Frequently   _____ Sometimes   _____ Seldom   _____ Never

2. Do you feel your internship experience was of value to your employer?  ___ Yes  ___ No

3. Were you prepared academically for this internship assignment?  ___ Yes  ___ No

4. Did your work assignments meet your expectations?  ___ Yes  ___ No

5. Would you consider this company for permanent employment?  ___ Yes  ___ No
6. What is your overall evaluation of this experience in relationship to your career goals? 
   ______ Excellent   ______ Good   ______ Fair   ______ Poor

**SUMMARY**
Describe your principal responsibilities and assignments during this work term.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**LEARNING OBJECTIVE SUMMARY**
Take a critical look at each of the learning objectives you established at the beginning of the work term and the related action plans. Assess whether you accomplished each objective. If so, how? If not, why? (i.e. Were there barriers? Unforeseen deterrents? Change in job description? Other priorities?) Also, use the following scale to rate your accomplishment or each objective. Place a number in the box next to the learning objective summary.

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<tbody>
<tr>
<td></td>
<td>Achieved objective</td>
<td>Worked toward, but did not fully achieve objective</td>
<td></td>
<td>Did not achieve</td>
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**Learning Objectives:**

1. __________________________
   Assessment- How did you accomplish? If not, why not? __________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

2. __________________________
   Assessment- How did you accomplish? If not, why not? __________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
3. __________________________
   Assessment- How did you accomplish? If not, why not? __________________________
   ________________________________________________________________

4. __________________________
   Assessment- How did you accomplish? If not, why not? __________________________
   ________________________________________________________________

5. __________________________
   Assessment- How did you accomplish? If not, why not? __________________________
   ________________________________________________________________

What else did you learn from this experience? __________________________
   ________________________________________________________________

What is your overall assessment of this work experience in terms of what you learned?
   ________________________________________________________________

Reviewed by Career Services / Internship Program Coordinator (initial & date):