# Midterm Work Experience Evaluation Form 2

The student completes this form to evaluate the quality of the Internship work. This form is due to the Faculty Supervisor before the end of the eighth week of the academic term in which the Internship occurs.

**Name:**

**Major:**

**Grad Date:**

**Mailing address:**

**Phone:**

**Email:**

**Academic Work term:**

**Completed during:**

**Year:**

**Employer:**

**Location:**

## Overall rating of this work period:

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Above Expectations</th>
<th>Met Expectations</th>
<th>Below Expectations</th>
</tr>
</thead>
</table>

**Describe your expectations for your Internship experience:**

**What did you learn about yourself, your chosen major or profession, and your plans for the future:**

**Tell us about any awards, accomplishments, honors, training or international experiences during this work term:**

**Tell us about the importance of the assignment to your long-term professional development. Would you recommend the assignment to other students in your major, or is this job more appropriate for another major. If so, what majors?**

Please make any recommendations that would improve the quality of the Internship experience:

**Recommendations for your employer:**

**Recommendations for the CCE Internship Program**

Overall, how would you rate your entire Internship experience?

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
</table>