Eastern Florida STATE COLLEGE
Career Services

STUDENT WORK-SITE REVIEW

Student Instructions: Your feedback is important for the Internship Office to make continual improvements. Your responses are taken seriously, please complete all sections, including comments.

EFSC Student Name _____

Student B # _____ Course # _____

Organization Name _____

At the start of this Internship/Practicum/Capstone, were you employed at this organization? ☐ YES ☐ NO

PERFORMANCE AREAS

Quality of on-site supervision	◯ Poor	◯ Fair	◯ Satisfactory	◯ Good	◯ Excellent
Technical Skills were utilized and developed	◯ Poor	◯ Fair	◯ Satisfactory	◯ Good	◯ Excellent
Quality of direction from supervisor	◯ Poor	◯ Fair	◯ Satisfactory	◯ Good	◯ Excellent
Preparation for the real world of work	◯ Poor	◯ Fair	◯ Satisfactory	◯ Good	◯ Excellent
Overall quality of this experience	◯ Poor	◯ Fair	◯ Satisfactory	◯ Good	◯ Excellent

COMMENTS

Would you recommend this location to another student? ☐ YES ☐ NO

Explain

VERIFICATION OF STUDENT WORK-SITE REVIEW

_____ _____

EFSC Student Signature Date