



Internship Post-Program Survey

INSTRUCTIONS: Please answer the following questions related to your recent internship experience. Your answers will help us to assess and improve future internship experiences of MWSU students.

Internship Course Prefix and Number _____ Academic Term _____ (SEM)/_____ (YR)

Total Number of Credits You Enrolled in for your Internship: _____

Your Name: _____ Are you a US Citizen? YES No

G# _____ Anticipated Graduation Date (Month/YR) _____

Major: _____ Minor: _____

University email: _____ Phone # _____

Faculty Academic Advisor: _____ email: _____ Phone # _____

Faculty Internship Supervisor: _____ email: _____ Phone # _____

Internship Host Organization: _____

Host Organization Location: City _____ State _____

Site Internship Supervisor Name and Title: _____

Site Supervisor Contact Information: email: _____ Phone # _____

1. Did you receive compensation for your internship? YES NO

2. What was your overall level of satisfaction with your internship experience?

Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

3. Please elaborate on why you chose your response to the previous question.



4. After completing my internship, I believe that I have significantly improved my skills with respect to:

Skill/Ability/Characteristic	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Developing experience in my field of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting and working with people of diverse backgrounds and cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing the skills and abilities of people of other cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding the needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing my time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizing my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating effectively through writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating effectively through speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leading others when working in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working as part of a team to complete projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing research skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving my technical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Considering your internship experience, rate your level of agreement/disagreement with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This experience added value to my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This experience had a positive impact on my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This experience kept me actively engaged in learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As part of my internship I had defined learning outcomes associated with my experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This experience had a positive impact on the organization I worked within.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This experience helped me develop my critical thinking skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This experience helped me clarify my career goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This experience helped me prepare for my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This experience allowed me to apply theories and concepts in the real world.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This experience was interesting and engaging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



I enjoyed this experience.

6. Considering your internship experience, respond to the following statements:

	Always	Almost Always	Sometimes	Almost Never	Never
During my internship I was required to write about the activities I engaged in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During my internship I was required to reflect on the activities I engaged in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The writing and reflections that I engaged in during my internship were beneficial in helping me better understand what I learned from the experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How likely is it that you would recommend an internship to another student?

Very Unlikely Somewhat Unlikely Somewhat Likely Very Likely

8. Please provide any additional feedback that you would like to share regarding your internship experience.



Demographic Information

What is your major or program of study? _____

What is your current academic year?

- Freshman Sophomore Junior Senior Graduate Student

Which of the following age ranges do you fall within?

- <18
 18-21
 21-24
 24-30
 >30

Please identify the gender you identify as:

- Man
 Woman
 Transgender
 Non binary
 Prefer not to respond

Race:

- American Indian or other Native American
 Asian American or Pacific Islander
 Black or African American
 Hispanic or Latino
 Multiracial
 White, not of Hispanic or Latino origin
 Other
 Prefer not to respond

What are your current career goals/plans? _____

Which of the following will you have by graduation?

- A full-time job that is related to your major.
 A part-time job that is related to your major.
 I will be attending graduate school or other post-undergraduate training.
 I will be entering military service.
 I will be entering volunteer or mission related service (i.e. Peace Corp, Ameri-Corp)
 I do not know at this time.