



# STUDENT INTERNSHIP EVALUATION

**Student's Name:**

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**Intern Supervisor's Name:**

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**Company/Organization Name:**

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**Instructions:** Please complete the evaluation of your internship completely. The Supervisor will not have access to this information. Comments are especially helpful and appreciated.

Question	Rating	Additional Comments (optional)
<b>Work Quality:</b>		
<b>Supervisor Support:</b>		
<b>Professional Development:</b>		
<b>Overall Experience:</b>		
<b>Would you recommend this internship to another student?</b>		
<b>Do you have suggestions for RISD that would improve the Internship Program?</b>		

**Required Reflective Essay:**

A 200-500 word reflective essay is required for students from all departments. Please copy and paste your essay into the text box below.