



HON 386 Internship Experience Final Report

Student Name: _____ Student Number: _____

Position Start and End Date: _____ Hours per week: _____

Please indicate your agreement for each of the following:

1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree

This program impacted my education/career goals. _____

I gained technical knowledge relevant to my future goals. _____

I developed my non-technical skills, such as leadership, communication, or interpersonal relations during this project. _____

Based on this experience, I believe I will utilize the skills and knowledge acquired during the internship in future personal or professional pursuits. _____

Based on this experience, I believe I will identify future career opportunities that align with their strengths and preferences. _____

Comments/Critiques:

Student Signature: _____ Date: _____