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: ____________________________