

## (INSERT FACULTY NAME) INTERNSHIP PROGRAM

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Student Name:		Student Number:	
Company:		Location:	
Job Title:			
Internship Period:	/ / to / /	Length in months:	4    8    12    16
Supervisor Name:		Phone Number:	
		Email:	

## STUDENT MID-POINT CHECK-IN

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### Workplace Environment

1. How is the internship going?

2. What are your responsibilities/tasks?

3. How would you describe the work environment/office culture? Was there a general orientation period (e.g. introduction to policies, procedures, office safety, etc.)?

### Skills Development and Relevance to Degree Program

4. Did your supervisor meet with you at the beginning of your internship to discuss your goals and help you to develop learning outcomes? If yes, what are your goals and learning outcomes?

5. Does the supervisor provide guidance/mentorship, support, and feedback on a regular basis? Please describe.

6. What skills learned in your degree program are you applying in your internship?

7. What new skills (technical and soft) have you learned, and/or are in the process of learning? Identify at least three (3) skills learned to date, and two (2) that you wish to develop further.

8. Do you see the relevance of the work you are doing to your degree program? Why or why not?

9. Have you identified additional skills or knowledge that will be important to your success?

10. Is the internship meeting your expectations relevant to your academic program/career goals?

11. Do you think this internship is influencing your long-term career goals?

**Wrap-Up/Final Questions**

12. Why did you choose to participate in the internship program?

13. Have you updated your resume with this term's achievements?

14. Would you recommend this organization to future interns? Why or why not?

15. Please rate your overall satisfaction with your current placement:

- Very unsatisfied       Unsatisfied       Satisfied       Very satisfied

16. Please rate your overall satisfaction with the support provided by the Internship Program:

- Very unsatisfied       Unsatisfied       Satisfied       Very satisfied

17. Review next steps (check off once reviewed with the Internship Coordinator):

- Final Self-Assessment and Final Evaluation requirements
- Final Report requirements
- Other: \_\_\_\_\_

Please sign and date to acknowledge your agreement below, and submit your completed document to the Internship Coordinator either in-person or via email at (insert email address).

	<b>Signature</b>	<b>Date</b>
<b>Student:</b>		
<b>Internship Coordinator:</b>		