

**FINAL EVALUATION**

Internship Experience Questionnaire for On-Site Supervisor

Student Name: \_\_\_\_\_ Level: \_\_\_\_\_

Internship Site and Location: \_\_\_\_\_

On-Site Supervisor/PGA Professionals: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date: \_\_\_\_\_

**Please rate and provide comments on your Intern in the following areas:**

**(Scale: 1-Unsatisfactory 2-Poor 3-Fair 4- Good 5-Excellent)**

Practices professional behavior 1 2 3 4 5

---

---

Working relationship with staff 1 2 3 4 5

---

---

Acceptance of supervision 1 2 3 4 5

---

---

Initiative in learning new skills 1 2 3 4 5

---

---

Punctuality 1 2 3 4 5

---

---

Self Confidence 1 2 3 4 5

---

---

Communication skills 1 2 3 4 5

---

---

