

STUDENT EVALUATION OF INTERNSHIP

Student Name: _____ Level: _____

Internship Site and Location: _____

On-Site Supervisor/PGA Professionals: _____

Phone: () _____ Ext: _____

E-Mail: _____ Date: _____

1) How would you rate your overall experience at your Internship facility?

5 – Excellent 4 – Good 3 – Fair 2 – Poor 1 – Unsatisfactory

Why? _____

2) How would you rate your success in learning/completing the PGA/PGM Work Experience Activities?

5 – Excellent 4 – Good 3 – Fair 2 – Poor 1 – Unsatisfactory

Why? _____

3) How often did you work with your Supervisor/PGA Professional to discuss PGA/PGM Work Experience Activities?

5 – Excellent 4 – Good 3 – Fair 2 – Poor 1 – Unsatisfactory

Explain? _____

4) Did your Supervisor /PGA Professional specifically target PGA/PGM Work Experience Activities?

1-Yes 2-No

To what

extent? _____

5) What did you enjoy most about your Internship experience?

6) How could your Internship experience have been improved?

7) Describe your On-site Supervisor's participation in the Internship (i.e. Mentor, Supporter, etc.).

Student Signature: _____ Date: _____

Internship Coordinator Signature: _____ Date: _____