University of Delaware Journalism Program

Student evaluation of internship

Return this form to journalism@udel.edu no later a week after the end of the internship.

Name: _________________________________________________________________

Term: ________________________________________________________________

Organization: _________________________________________________________

Supervisor: __________________________________________________________

Supervisor’s e-mail address: __________________________________________

Phone number: _______________________________________________________

Beginning/ending dates: _______________________________________________

Approximate hours per week: __________________________________________

Paid or unpaid? ______________________________________________________

How many other interns worked in the newsroom? _______________________

1. Describe your duties, including if they changed over the internship. Please be detailed, using an extra page if necessary.

2. Please evaluate the internship and your performance. In your answer, consider the supervision, independence and feedback you were given, your own initiative, your contributions to the organization, the extent to which the internship used your journalism education, the extent to which it furthered your journalism education, the extent to which it influenced your career goals, and whether you would recommend future University of Delaware students take the internship.

3. Describe your best day at the internship and your worst day.