Pre-Health Internship Program

Student Evaluation Form

Student: ___________________________________________  ASU ID #: __________________

Internship Site: ________________________________________________________________

Semester/Year: _________________________________________________________________

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<thead>
<tr>
<th></th>
<th>Very Little</th>
<th>Medium</th>
<th>Very Much</th>
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Evaluation of Personal Experience (please assign number):

How much did you learn at this site?  __________
Do you think that you made a contribution?  __________
Did your duties facilitate your goals?  __________

Performance of Community Site (please assign number):

How challenging was your work?  __________
Were your tasks/duties clear?  __________
Were your co-workers helpful?  __________
How relevant was your academic learning to your internship?  __________

Performance of the Internship Program (please assign number):

Did the program fulfill your expectations?  __________
Would you recommend this internship to others? __________
Do you think you were placed accordingly? __________

In what way did your internship experience change your career or educational plans? (Please Check One)

_____ It confirmed my plans
_____ I have decided to change career plans
_____ It made me question my previous choice
_____ It had no effect

If you have additional comments, please attach a one page typed, double spaced statement to this evaluation.

Student: ________________________________ Date: __________