



ITS Employer Internship Evaluation

(completed by student/intern)

The Income Tax School * 1801 Libbie Ave., Suite 100, Richmond, VA 23226

Phone: (800) 984-1040 * FAX: (877) 787-1040

E-mail: internships@theincometaxschool.com * www.theincometaxschool.com

Today's Date: _____ Dates of Internship: _____

Student Name: _____

Student Email Address: _____

Student Phone Number: _____

Company where internship took place: _____

Address: _____

City: _____ State: _____ Zip: _____

Your job/title/role at the internship: _____

Number of weeks at this internship: _____

Was this internship: Paid Unpaid

Please complete the following statements. You are encouraged to include comments that you feel would make your evaluation more complete.

Evaluation Factors	Excellent	Very Good	Good	Fair	Poor
The supervision I received at the internship was:					
The attitude toward interns was:					
The opportunities available to learn new things were:					
The guidance I received from my academic sponsor was:					
I would describe my internship experience to other students as:					
In what ways, if any, do you feel your ITS education has been helpful in preparing you for your internship (or the world of work in general)?					
What, if anything, do you feel was lacking in your ITS education that would have been helpful to you at your internship?					
Do you feel that your internship experience will be of help to you in pursuing professional opportunities after college? In what ways was it, or was it not, helpful?					
What did you learn through this internship that you particularly value? How did you learn that?					
Have you met your initial expectations for this internship? Why or why not?					

After all identifying information has been removed, would you be willing to have this evaluation of your internship experience made available to other students?

Yes No

May we list your name as a contact for other students who may be interested in signing up with the same internship organization?

Yes No

May we keep a copy of your internship record on file in the departmental office as an internship reference for other students?

Yes No

Additional Comments:

THANK YOU!

Thank you very much for completing this evaluation of your employer. We take your comments very seriously. The Internship Program Manager will review the completed form in order to determine satisfactory fulfillment of the conditions of the internship agreement.

Please fax this form to 877.787.1040, Attention: Roselyne Turner. You may also send it by using the email or mailing address listed at the top of the first page.