



## MID-TERM EVALUATION REPORT OF EMPLOYER

To be completed by the student and faxed to the PGM Director immediately at the mid-point of your training. If you are on a 3 month internship, this should be done week 6. If you are on an extended internship (6 or 7 months), this evaluation should be done week 13. A copy should be made and discussed with your supervisor. Our fax # is 864-656-2226.

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Intern: \_\_\_\_\_

1. Are you meeting with your supervisor on a weekly basis?
  
2. Is this experience what you expected? Explain.
  
4. Is the supervision (both University and facility) you're getting adequate? Explain.
  
5. How can the internship experience be more meaningful?
  - a. What can you do to make it so?
  
  - b. What can the facility do to make it so?
  
6. What experience would you like to see given more emphasis during the remainder of your time with this facility?
  
7. Have you been able to complete assigned PGA/PGM work activities? If so, how many?

**REMEMBER:** A candid discussion with the facility supervisor of your reactions expressed on this form is one step you can take to make your experience more meaningful.

# Student Internship Evaluation of Employer

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Current Work Period (circle one):    Internship I                      Internship II                      Internship III

Semester of Employment: \_\_\_\_\_

The information reported on this evaluation will be used solely by the PGM program at Clemson University and will not be shared with any other party without the student's permission. This report should be completed one week prior to the completion of employment.

Please answer yes or no to the following questions:

<b>Did the employer meet the following obligations? (circle one)</b>		
Appoint a supervisor to work with you	Yes	No
Provide fair hours and wages	Yes	No
Present you in such a manner as to insure high professional status	Yes	No
Provide a variety of experiences appropriate to the type of facility	Yes	No
Help with PGA/PGM work experience kit	Yes	No
Meet with you at least once a week to discuss performance	Yes	No

Place a check in the following boxes to rate the internship experience:

	<b>Unsatisfactory</b>	<b>Below Average</b>	<b>Average</b>	<b>Good</b>	<b>Outstanding</b>
<b>Variety of work experiences provided</b>					
<b>Degree of Responsibility</b>					
<b>Learning Experiences Gained</b>					
<b>Relationship with Supervisor</b>					
<b>Housing (if provided) and Fair wages</b>					
<b>Mentorship from professional staff</b>					

	<b>Unsatisfactory</b>	<b>Below Average</b>	<b>Average</b>	<b>Good</b>	<b>Outstanding</b>
<b>Work Environment</b>					
<b>Work schedule and hours worked</b>					
<b>Overall Experience</b>					

**What were the best features of this internship?**

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**Discuss what you learned and what other students can expect to learn from this internship?**

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**What specifically do you feel could be done to improve this internship?**

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**Is this experience what you expected?**

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**Was the supervision you received from the university and facility adequate?**

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**Any additional comments or suggestions:**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Summary Report**

**Name:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Internship start and end date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

Below please provide a summary of suggestions or recommendations that would be useful to other students who might follow to the internship training site.

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### **Summary of monthly income and expenses:**

#### **Income:**

Net wages \_\_\_\_\_

#### **Expenses:**

Housing \_\_\_\_\_

Meals \_\_\_\_\_

Uniforms \_\_\_\_\_

**Income (loss) wages – expenses** \_\_\_\_\_