WEEKLY STUDENT REPORT
For reporting purposes, the student’s week is Monday through Sunday. This report, therefore, should be faxed to the PGM Assistant Director following work on Sunday and a new report will start on Monday. Our fax # is 864-656-2226.

Name: __________________________ Facility: ___________________________

Week ending: ____________________ Supervisor: __________________

Area of responsibility: _______________________________________________

Nature of work experience: ____________________________________________

Total hours worked: __________________________________________________

Summary and Evaluation of Week’s Work Experience Briefly describe significant learning situations encountered during the week that added to your professional development. Also include PGA/PGM work experience activities that have been completed or will be attempted in the following week.

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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:

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

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

<table>
<thead>
<tr>
<th>Variety of work experiences provided</th>
<th>Unsatisfactory</th>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree of Responsibility</td>
<td></td>
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<tr>
<td>Learning Experiences Gained</td>
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<td>Relationship with Supervisor</td>
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<td>Housing (if provided) and Fair wages</td>
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<tr>
<td>Mentorship from professional staff</td>
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<tr>
<td></td>
<td>Unsatisfactory</td>
<td>Below Average</td>
<td>Average</td>
<td>Good</td>
<td>Outstanding</td>
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<tr>
<td>Work Environment</td>
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<tr>
<td>Work schedule and hours worked</td>
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<tr>
<td>Overall Experience</td>
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</tbody>
</table>

What were the best features of this internship?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is this experience what you expected?

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

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
________________________

Any additional comments or suggestions:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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 ________________________________