Penn State Information Sciences & Technology Internship Program  
FINAL EVALUATION -- Student’s Evaluation of Employer and Internship Program

It is mandatory to fill out and submit this form to the IST Internship Program.

Student Name:_____________________.  
__________  
Option:_______________________ Student ID Number:__________________

Circle one:    IST 295B  IST 495  
Circle one:      Fall         Spring        Summer  
Year: ________________

Employer Name:___________________________________________  
Employer Location:__________________________________

Instructions:

1) Only the IST Internship Office and an IST faculty advisor will review these ratings.
2) Feel free to elaborate on any items in this survey. You may add extra sheets of paper to elaborate on points of discussion.
3) Indicate your response by using the following scale:

SA – Strongly Agree; A – Agree; N – Neither Agree or Disagree; D – Disagree; SD – Strongly Disagree; NA – Not Applicable

Evaluate the IST Internship Program:  

Informed me of workshops and other activities such as job fairs
Provided sufficient preparation for me to begin a job search
The job search database was easy to use
Provided a sufficient amount of opportunities for me to find a job
Supported my needs while interning

Evaluate the Employer/Internship:  

My employer provided an educationally meaningful experience
My employer provided challenging work assignments
My employer provided an adequate number of assignments
Fellow workers were friendly and cooperative
Supervisory staff was reasonable, sincere, and fair
It was easy to adjust to the corporate culture
The internship afforded me the opportunity to gain insight into my major
The internship afforded me the opportunity to utilize/apply my coursework

Suggestions for improvement of the internship program at your employer:

Suggestions for improvement of the internship program at Penn State:

Other General Comments:

Are you returning for an additional internship with this employer? _____ Yes _____ No

If yes, circle the appropriate semester and indicate the year:  
Fall    Spring    Summer    Year: __________

If no, what is the reason you will not be returning?

_____Graduating.  Semester/year of graduation _________________.

_____ Internship agreement has ended and I will be seeking an assignment at another company.

_____I may return, but at this point the employer has not made a firm offer.
In an effort to assess your academic preparation by Penn State and by your employer over the course of the internship, please provide evaluation of the following competencies using this scale:

SA – Strongly Agree; A – Agree; N – Neither Agree or Disagree; D – Disagree; SD – Strongly Disagree; NA – Not Applicable

<table>
<thead>
<tr>
<th>Academic Preparation</th>
<th>By Penn State</th>
<th>By your Employer</th>
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<tbody>
<tr>
<td>1. Ability to apply knowledge of Information Sciences &amp; Technology</td>
<td>SA A N D SD NA</td>
<td>SA A N D SD NA</td>
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<tr>
<td>2. Ability to design a system, component, or process to meet desired needs</td>
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<td>3. Ability to function on multi-disciplinary teams</td>
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<td>4. Ability to understand professional and ethical responsibilities</td>
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<td>5. Ability to communicate effectively through:</td>
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<td>a. Interpersonal skills</td>
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<td>b. Formal presentations</td>
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<td>c. Technical writing</td>
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<td>6. Broad education necessary to understand the impact of Information Technology solutions in a global or societal context</td>
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<td>7. Recognition of the need for and ability to engage in life-long learning</td>
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<td>8. Knowledge of current or developing IT issues</td>
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</tbody>
</table>

How has your academic program oriented you to the particular needs of your employer?

What changes would you like to see implemented in the curriculum to better prepare future students for your employer?

How has your internship oriented you to your overall IST education?

What changes would you like to see implemented by your employer to better prepare future students for their IST education?

Student Signature: ___________________________ Date: __________