



CENTER FOR PROFESSIONAL EXCELLENCE
ELMHURST COLLEGE

INTERNSHIP PROGRAM ASSESSMENT FORM

COMPANY NAME _____
SUPERVISOR'S NAME _____
SUPERVISOR'S TITLE _____
INTERN'S NAME _____

The Career Education office staff at Elmhurst College are interested in making the internship experience as meaningful for you as it is for students. In order to do that, we ask that you help us by answering the following questions. Please take a few minutes to complete this form and e-mail to Holly Coffin - hollyc@elmhurst.edu.

Thank you in advance for your input!

What was positive about the internship program?

What areas need improvement in the internship program?

How could we assist in preparing our students for their internship experience?

What are your thoughts about the application/paperwork process?

Would you be interested in participating in the internship program again?

Please share any additional comments, insights, or concerns below.

Please E-mail this form to: Holly Coffin, Assistant Director, Internships, hollyc@elmhurst.edu