

Internship Report and Assessment Form 2017-2018

Submission deadline: within 2 weeks of completing the internship and no later than October 1, 2018

IMPORTANT: Please fill out this form after completing your internship and submit it electronically to Marija Stojanovska Rupcic (StojanovskaM@ceu.edu). This form is required of Mundus MAPP and One-Year MAPP students doing an internship in fulfilment of the mandatory practice requirement and of MPA students who received a contribution from the SPP internship fund*.

I. INFORMATION ABOUT INTERNSHIP

Student Name:	
Degree Program:	<input type="checkbox"/> MPA <input type="checkbox"/> One-Year MAPP <input type="checkbox"/> Mundus MAPP
Expected Completion Date of Degree:	
Internship Organization:	
Internship Organization Address:	
Name and Title of Intern Supervisor:	
Contact information for Intern Supervisor (Email/Phone):	
Location of Internship (if different from organization's official address):	
Dates of the Internship:	
Duration of Internship (indicate as applicable):	_____ days AND/OR _____ hours

Please describe your role and responsibilities during your internship with the host organization (1-2 paragraphs):

* Failure to submit this form may result in internship fund awards being rescinded.

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II. INTERNSHIP ASSESSMENT

Please rate and assess your internship in terms of overall experience, supervision, and quality of structured learning. This assessment form will be treated confidentially by SPP and CEU Career Services.

(I) Internship supervision	
Amount of training you received to perform tasks you had no previous preparation for:	<input type="checkbox"/> Comprehensive training <input type="checkbox"/> Sufficient training <input type="checkbox"/> Some training <input type="checkbox"/> Little training <input type="checkbox"/> No training
Quality of training you received:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Sufficient <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
Amount of feedback you received from your supervisor:	<input type="checkbox"/> A lot <input type="checkbox"/> Enough <input type="checkbox"/> Some <input type="checkbox"/> Little <input type="checkbox"/> None
Type of feedback you received from your supervisor:	<input type="checkbox"/> Constructive <input type="checkbox"/> Helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Not very helpful <input type="checkbox"/> Not constructive

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III. Reflection Questions (200 words maximum for each):

1. Did this experience meet your learning goals? If so, in what way/s? (Please be sure to refer back to the goals you set out in the Internship Narrative section of your Internship Approval and Assignment Form.)
2. How will you build on this experience to advance your career?
3. Looking back, is there anything you wish you had done differently? If so, what have you learned that will be helpful in the future?
4. Were you satisfied with the interactions with and guidance from your supervisor? Please explain.
5. Based on your experience, would you recommend an internship with this organization to others? Why or why not?

Student Signature

Date