

# Year-End Internship Mentor Feedback Form

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Internship Mentor Name: \_\_\_\_\_

Internship Institution: \_\_\_\_\_

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

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

<b>The intern I supervised</b>		<b>Strongly Agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1.	...was a benefit to my organization.					
2.	...was well prepared for this internship experience.					
3.	...was responsible (i.e. prompt for appointments).					
4.	...worked well with colleagues.					
5.	...worked well with clients/patients/customers.					
6.	...benefited from the internship experience.					

<b>Upon reflection</b>		<b>Strongly Agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
7.	...I am looking forward to recruiting additional UALR interns in the future.					
8.	... I enjoyed mentoring this intern.					
9.	...I realize I need an intern with different skill sets or interests than the current intern.					
10.	...I realize I need to be contacted by the internship coordinator to discuss some aspect of the current internship or future internships.					

Please comment here