

Career Development Office – Internship Program

Student MID-TERM Self-Evaluation Form

Student Name		Fredonia ID #		
Student's Internshi	o Title			
Dates of Internship fr	om//	_ to//	Number of Weekly Internship Hours	
Site Supervisor			Organization Name	
Site Supervisor's Pho	one ()		Site Supervisor's E-mail	
1 Job Require	ments: Have then	a baan any change	es in your job requirements as they appear on your Learning	

1. **Job Requirements:** Have there been any changes in your job requirements as they appear on your Learning Contract? If yes, please explain.

- 2. **Educational Objectives:** Please refer to the "*Educational Objectives*" section on your Learning Contract. In the areas provided below, comment on each objective by doing the following:
 - (a.) List the Educational Objective as indicated on your Learning Contract;
 - (b.) Describe which parts of the Job Requirements contributed to accomplishing each objective; and
 - (c.) State the degree to which you made progress in achieving that objective.

a. Educational Objective	b. Job Requirement	c. Progress
1.		
2.		
3.		
5.		
4.		
-		
5.		

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Consider the ways in which this internship has or will prepare you for future career opportunities utilizing the Baccalaureate Goals; to become skilled, connected, creative and responsible. Identify the ways in which you will document these areas of strength on your resume, your LinkedIn profile, portfolio and during interviews.

3. Create three bullet point statements of the top three skills developed during the internship.

4. In what ways will these skills help you to stand out among your peers?

5. Additional comments/ feedback regarding your internship:

Please discuss this report with your Site Supervisor before sending it to your Faculty Sponsor.

Student Signature

Date

Complete both pages of this Self-Evaluation Form and then return it to your Faculty Sponsor by the mid-term evaluation date listed on your Learning Contract. Your grade will be in jeopardy if all necessary paperwork for your internship is not on file. Thank you for your attention to this matter.

Please return this completed self-evaluation form to your faculty sponsor through postal mail or e-mail (*firstname.lastname@fredonia.edu*). Faculty Sponsor State University of New York at Fredonia Fredonia, NY 14063