Year-End Internship Mentor Feedback Form

Internship Mentor Name:	
Internship Institution:	_
Intern Name:	
Date:	

	The intern I supervised	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
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.					

	Upon reflection	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
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: