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| Student Name: |  |
| Firm Name:  |  |
| Internship Dates: |  |

1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = N/A

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|  | 1 | 2 | 3 | 4 | 5 |
| 1. Opportunity provided for improvement of: |  |  |  |  |  |
| Technical Accounting Knowledge |  |  |  |  |  |
| Writing Skills |  |  |  |  |  |
| Oral Communication Skills |  |  |  |  |  |
| Teamwork/Interaction Skills |  |  |  |  |  |
| 2. Relevancy of Work to Accounting Major |  |  |  |  |  |
| 3. Quality of Supervision |  |  |  |  |  |
| 4. Knowledge of Supervisor |  |  |  |  |  |
| 5. Quality of Work Environment |  |  |  |  |  |
| 6. Overall Evaluation of Internship |  |  |  |  |  |

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| 7. Were you adequately prepared for the internship? |
| Yes:  | **No:** |  |
| If not, in what areas did you need more preparation? |
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| 8. Would you recommend the internship experience to another student? |
| Yes:  | **No:** |  |
| If not, why not? |
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| 9. Any other comments or suggestions? |
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| Signature: | **Date:** |