

(7)

STUDENT FEEDBACK

This feedback form is due for submission with final report

NAME			
TRAINING ORGANIZATION			
SUPERVISOR			
STARTING DATE		ENDING DATE	

Put a \checkmark in the appropriate box

Measurements	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. I felt well integrated in the work environment					
2. The working climate was positive and encouraging					
3. The supervisor clearly defined goals at the start of the COOP					
4. The supervisor provided the intern with constructive feedback					
5. The supervisor was available whenever I needed support					
6. The overall quality of supervision was appropriate and sufficient					
7. I found this COOP to be intellectually challenging and stimulating					
8. The difficulty level of this internship was acceptable					
9. I learned practical knowledge					
10. This COOP bridged the gap between theory and application					
11. There are many outcomes produced from this COOP					
12. I consider those outcomes to be useful for my career					
13. I gained a greater appreciation for this field of study					
14. I would definitely recommend this COOP to another student					

If you had the choice, would you do this internship again?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Overall, how would you rate this internship?	<input type="checkbox"/> Poor <input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent	

Other comments:

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SIGNATURE: _____

DATE: _____