



Syracuse City School District  
725 Harrison Street, Syracuse, NY 13210

# SCSD CTE Internship Mentor Program Evaluation (Form #10)

Student Name \_\_\_\_\_

SCSD School \_\_\_\_\_

Interning Location \_\_\_\_\_

Supervisor/ Mentor Name \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### Internship Preparation

- Exceptional
- Adequate
- Inadequate

### Modes of Communication with SCSD Personnel

- In-Person
- Email
- Phone

### Amount of Communication with SCSD Personnel

- Exceptionally good
- Appropriate
- Too much
- Too little

Suggestions for improvement:

\_\_\_\_\_  
\_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

Return to CTE teacher: \_\_\_\_\_  
CTE Teacher Email

