



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

# SCSD CTE Internship Student Evaluation (Form #9)

\_\_\_\_\_  
Name

\_\_\_\_\_  
CTE Program

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Dates of Internship

\_\_\_\_\_  
Year to Graduate

Please complete this form upon completion of your internship.

	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
Overall, I had a great experience					
I was actively involved in the team meetings and felt free to express my thoughts and opinions					
My mentors encouraged and responded to my questions					
I have an increased appreciation for teamwork					
I have a greater ability to ask good questions and synthesize information					
I was presented with opportunities to learn by doing					
I gained factual knowledge about careers throughout the internship					
I would recommend this opportunity to others					
My time was well spent					
I would consider this employer as a future employer					
My co-workers are generally positive about work					

The best thing about my experience was... \_\_\_\_\_

The worst thing about my experience was... \_\_\_\_\_

Any suggestions on how we could improve the intern experience? \_\_\_\_\_

Other comments... \_\_\_\_\_

