



School of Information Studies
SYRACUSE UNIVERSITY

STUDENT EVALUATION FORM

This form is due upon completion of your Experiential Learning opportunity. While your answers will not affect your grade, the evaluation form must be submitted before you will receive a grade. Please use additional pages if necessary. Submit completed form to the Assignment Box in LMS – IST 971 or LMS – IST 471/472.

NAME: _____ SU ID #: _____

DEGREE PROGRAM: BS IM TNM MSLIS School Media

DISTANCE LEARNING: Yes No

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

ACADEMIC ADVISOR: _____ FACULTY SUPERVISOR: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

DATES OF WORK BLOCK: From: _____ / _____ / _____ To: _____ / _____ / _____

SUPERVISOR NAME: _____ TITLE: _____

SUPERVISOR'S EMAIL: _____

- Brief description of project/activities:

- Did your work assignment meet your expectations? (No | 2 3 4 5 6 7 Surpassed them) Please explain:

- Did you feel your time was well spent? (No | 2 3 4 5 6 7 Very well spent) Please explain:

- Did you receive enough direction and feedback from your **Site Supervisor**? (No 1 2 3 4 5 6 7 More than enough) Please explain:
- Did you receive enough direction and feedback from your **Faculty Supervisor (Molta, D. Dischiave, Lavender, or Franklin)**? (No 1 2 3 4 5 6 7 More than enough) Please explain:
- In total, what did you think of your Experiential Learning opportunity? (Useless 1 2 3 4 5 6 7 Extremely Valuable) Please explain:
- To what degree were you able to apply your classroom knowledge to your work experience? (None 1 2 3 4 5 6 7 High) List classes that were helpful:
- In your opinion, what was the **most outstanding** part of the experience?
- In your opinion, what was the **least valuable** part of the experience?
- Please list any honors/special recognition you received during the work experience:
- How did you obtain your internship? (Career Fair, eRecruiting, School of Information Studies Employer Relations Office, Career Services at Schine, personal contacts/networking, alum, direct contact with organization, other online resource, faculty, etc.)

Please check this box if we have your permission to share the contents of this evaluation with your employer.

THANK YOU!