

**On-Site Supervisor Evaluation of Internship  
Internship, Practicum, & Field Experience  
Higher Education Administration & Student Personnel  
HIED 6/76492**

Please complete the following questions.

(1) What aspects of the Internship program would you change? How? Why?

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(2) How can the Internship Coordinator better administer the internship program?

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(3) Would you be willing to be an On-site Supervisor again? Yes\_\_\_\_\_ No\_\_\_\_\_

(4) Other comments?

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**On-Site Supervisor Signature**

**Date**

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**On-Site Supervisor's Title**

**College or University**

Please return to the Internship Coordinator: Dr. Stephen Thomas, [sbthomas@kent.edu](mailto:sbthomas@kent.edu), or 401-K White Hall, Kent, Ohio 44242.