

# FIRST WEEK SURVEY FOR NEW STUDENT-INTERNS

replace with  
**LOGO**

## Internship Program

[Coordinator's Name]

[School Name]

[Street Address]

[City, ST ZIP Code]

**Phone:** [phone] | **Fax:** [Fax]

[Email] | [Website]

**Intern Name:** \_\_\_\_\_

**Mentor Name:** \_\_\_\_\_

**Internship Site:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

## RATIONALE

Answering the questions in this survey will provide valuable information that can help make sure the Internship Program is working well for you.

## SURVEY QUESTIONS

What is your project/assignment and/or what will you be doing during the internship?

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How well do you understand what you will be doing?

*Very well*

*Well*

*Some*

*A little*

*Not at all*

What will you need to know about the assignment/project to be successful?

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What are the next steps?

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How confident are you about your ability to complete the project/assignment by the end of your internship?

*Very confident*

*Confident*

*Somewhat confident*

*Doubtful*

*Very doubtful*

How do you feel about your project/assignment and your mentor?

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Please indicate any other questions, comments or suggestions.

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