



SAAIP Intern Evaluation Form 2015



Name: _____

Agency/Division/Unit: _____

How did you hear about the SAAIP?

What motivated you to participate in the SAAIP?

How were you contacted by the agencies for the interviews?

How many agencies contacted you? _____

How many interviews did you have? _____

Did referrals match your educational background and interest? Please explain:

Did your summer internship contribute to your future career goals? Please explain:

(Please see next page)



Please evaluate the following components.

Rating Scale: 5~Excellent, 4~Good, 3~Average, 2~Fair, 1~Poor

Work Environment _____
Facilities _____
Orientation/Training _____
Supervision/Guidance _____
Overall Experience _____

If eligible, would you apply again next year?

What kind of training would be beneficial to you and other interns? For example; resume wrting, public presentation, interviewing skills, etc.

Other comments on intern experience: Please include any recommendations for program improvement.

Please return evaluation by **August 30, 2015** via email:

DPMBAA@wi.gov. Save your form and attach it to your email.

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