



STUDENT EVALUATION OF INTERNSHIP

Name: _____ **Circle: D.C., Int'l, State Leg., Local, or Campaign**

Organization: _____ **Supervisor:** _____

Start and End Dates: _____ **Hours Worked per Week:** _____

Duties, tasks, & projects: _____

How did it meet your expectations? _____

What were the positive aspects? _____

What were the negative aspects, if any? _____

Please list weekend trips and sites visited during internship (DC & Int'l internships): _____

Suggestions for improvement: _____

Additional Comments? _____
