



Internship Supervisor Satisfaction Survey

Supervisor Name _____ Date _____

Internship Location _____

Student Name _____

Please circle the number that represents your experience with our internship program and student(s).

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The expectations of me as a supervisor were made clear by the College.	5	4	3	2	1
I felt I knew who to contact if I had questions about my intern.	5	4	3	2	1
I received appropriate and timely responses from the College regarding any questions I had.	5	4	3	2	1
My intern managed his/her responsibilities in a professional manner.	5	4	3	2	1

Based on your experience with our student(s), would you take another intern from Calumet College of St. Joseph? Yes No Maybe

Comments:

Please return this form to:
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