

Mid-Term Internship Mentor Feedback Form

Internship Mentor Name: _____

Internship Institution: _____

Intern Name: _____

Date: _____

	The intern I supervise	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1.	... is a benefit to my organization.					
2.	... is well prepared for this internship experience.					
3.	... is responsible (i.e. prompt for appointments).					
4.	... works well with colleagues.					
5.	... works well with clients/patients/customers.					
6.	... benefits from the internship experience.					