

Internship Feedback and Reflection Form

Basic Information

Name

Email

Internship Organization

Position / Title

Duration of Internship

Internship Experience

Describe your main tasks and responsibilities

Key skills and knowledge gained

Challenges faced and how you overcame them

How did you contribute to the organization?

Reflection

Did your internship meet your expectations? Why or why not?

How has this internship influenced your academic and career goals?

What could have improved your internship experience?

Feedback

How would you rate the support and guidance from your supervisor?

Select

Your overall feedback for this internship