

**TULANE UNIVERSITY**  
**Mid-Semester Site Evaluation**  
**Intern Feedback**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Service Site:** \_\_\_\_\_

**Site Supervisor:** \_\_\_\_\_

	Disagree			Agree	
	1	2	3	4	5
1. I consider my internship experience to be positive.					
2. My supervisor is clear in terms of his/her expectations of me.					
3. My supervisor treats me with respect.					
4. I am comfortable with my responsibilities.					
5. I receive adequate, regular feedback from my supervisor.					

Share any problems, concerns, or comments about your placement:

Share any problems, concerns, or comments about the internship seminar: