

**Department of Biology  
Ball State University  
Bio 369/669 Internship, BIO 394/694 Practicum in Biotechnology  
Employer Evaluation Form**

Please return this form to: Biotechnology Internship Coordinator, Department of Biology, Ball State University, Muncie, IN 47306. Fax: 765/285-8804. Responses from this evaluation will not be used in determining grades of this course.

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

For each of the following statements, circle your answer where 5= strong agree, 4=agree, 3=undecided, 2= disagree, and 1= strong disagree.

I am satisfied with the	SA	A	U	D	SD	NA
a) amount of information available regarding internship possibilities	5	4	3	2	2	0
b) reporting requirements for the internship program	5	4	3	2	2	0
c) level of support demonstrated by my internship coordinator	5	4	3	2	2	0
d) availability of the internship coordinator in discussing requirements	5	4	3	2	2	0
e) amount of practical work experience gained during the internship	5	4	3	2	2	0
f) level of support demonstrated by my supervisor	5	4	3	2	1	0
g) amount of feedback I've received from my supervisor	5	4	3	2	1	0
h) amount of work required by my supervisor	5	4	3	2	2	0
i) opportunity to apply what I've learned in the class room	5	4	3	2	2	0
j) educational preparation I received prior to the internship	5	4	3	2	2	0
k) manner in which I performed as an intern	5	4	3	2	2	0
l) amount of time required to complete internship objectives	5	4	3	2	2	0
m) level of compensation received during the internship	5	4	3	2	2	0
n) amount of information available through BSU's Career Services	5	4	3	2	2	0
o) manner in which the internship has prepared me for my career	5	4	3	2	2	0
p) overall quality of the internship	5	4	3	2	2	0

Please explain any statement with which you disagreed or strongly disagreed. Please use the back of this form if necessary.