

STATE OF DELAWARES STATE INTERNSHIP PROGRAM EXIT SURVEY

	CANDI	DATE DE	TAILS	
Name:			Date:	
Phone:		Email:		
Hiring Mana	ger/Supervisor Name:			
Contact Pho		Contact Email:		
<u> </u>	partment/Division:			
Assignment				
	STATE IN	TERN EX	IT SURVEY	
Instruction	s: Complete this survey within s	even days	of completing the program.	
	•	-	of the program experience, both for you de both challenges and successes.	
	SURVE	Y QUES	TIONS	
1. Did you r	receive adequate information a	bout you	Assignment, prior to starting?	
<u> </u>				
2. Dia you i	receive a proper orientation?			
3. How was	the experience related to you	r major fie	eld or career goals?	
4 11 1				
4. How has	this assignment contributed to	o your pro	ofessional development?	
5. To what	degree do you feel the other er	mployees	in the department supported the	
Program				
	SUPERVIS	SOR EXP	ERIENCE	
7. How wou	ıld you rate your relationship v	vith your	assigned supervisor?	
	Exceeded Expectations		Met Expectations	
	Neutral		Did not meet Expectations	
	uld you evaluate your supervising your questions and/or cond		ability, capability and willingness to	
	Exceeded Expectations		Met Expectations	
	Neutral		Did not meet Expectations	

0. Did your assigned supervisor provide learning opportunities?					
	FINAI	L THOUG	SHTS		
verall In	ternship Rating?				
	Exceeded Expectations		Met Expectations		
	Neutral		Did not meet Expectations		
	ward completed surveys to: jobs@delaware.gov - Subject I A Certificate of Completion will		·		