



1411 Lincolnway West
Mishawaka, IN 46544

STUDENT INTERN EVALUATION FORM

Student Name: _____

Student: Please complete this form and give to your instructors.

I have applied for a student intern opportunity at Oaklawn. I have rated myself on the following items. Please indicate your agreement or disagreement with the following and provide any comments that you wish. If you wish to speak to Human Resources directly about any of the following, please call (574) 259-5667, ext. 8228.

Name of Instructor (please print): _____

College or University Name and City, State; Zip code: _____

Instructor Signature: _____

Date: _____

Student to Complete this section:	Agree	Disagree	Comments
I am prepared and ready for class and meet the expectations of the instructor. <input type="checkbox"/> Yes – Comments? <input type="checkbox"/> No – Comments?			
I can provide the following skills or knowledge during my intern experience at Oaklawn:			
I have the following items I wish to accomplish during the intern experience:			
If there are concerns that should be considered in my candidacy for this intern opportunity, I have disclosed them in the interview process. <input type="checkbox"/> Yes – Comments: <input type="checkbox"/> No – Comments:			
If there are concerns working with the population I am assigned to during the internship, I have disclosed them to my reporting supervisor. <input type="checkbox"/> Yes – Comments: <input type="checkbox"/> No – Comments:			

Applicant Signature

Date