## **SURP-893 INTERNSHIP**

Information in this report will be kept confidential, and only reviewed by SURP faculty and staff.

NAME:	DATE:
Faculty Advisor (who signs your study plan)	
What organisation was the internship with?	
Address:	
City and Postal code:	
Web site:	
What was your job title?	
Name of your supervisor?	
Supervisor's Title:	
Telephone Number:	
E-mail:	

Please list your duties and any projects completed:

Did the agency provide any training or coaching? Was it useful?

Did you interact with the public / clients as a part of the job?

How did you find out about this internship opportunity? (Check any that apply)

- \_\_\_\_ SURP Internship program interview
- \_\_\_ SURP Internship program notice
- \_\_\_ Professor referral
- \_\_\_ CIP / affiliate job notice
- \_\_\_ Queen's Career Services
- \_\_\_ Internet
- \_\_\_ Someone from the agency contacted me
- \_\_\_ Personal / family referral
- \_\_\_\_ Worked for the agency before

Please reflect on the difference between your internship experience and the theories and practices from your graduate planning education. Did you use any of the theories or tools from your MPL program?

Was the internship Volunteer? \_\_\_\_\_ or Paid? \_\_\_\_\_ (what rate per hour? \$\_\_\_\_)

How would you evaluate your internship experience? 1 2 3 4 5 (excellent experience) (waste of time)

Would you recommend this organization to another SURP student for an internship? Why or why not?

Signatures:	Student		
EVALUAT	ION (Faculty)		
Date Report	Submitted:		
Date Report	Evaluated:		
EVALUATI	ON (Please circle one):	SATISFACTORY	UNSATISFACTORY
If unsatisfact	tory, proposed course of	action:	
Signatures:	Faculty (advisor)	Internship co-ordi	Filed in office