

**Hospitality Programs - Ferris State University
Student Site Evaluation**

The purpose of this questionnaire is to describe the duties and job situation at this internship property to help interns who are reviewing a position for future placement. It should be realized, however, that a particular job can change from one period to the next and for different individuals depending on experience.

Name:

E-Mail Address:

Dates of Internship:

Internship Location

Property Name:

City/State: Supervisor:

Was this your 1st or 2nd Internship?

Starting Date:

Ending Date:

of Days Worked per Week:

Total Hours Worked per Week:

Vacation Time? Yes No

You were paid: per hour, per week; or a salary of per week.

Did you receive tips? Yes No

Please check if any of the following were provided:

Breakfast Lunch Dinner Lodging

Other? Please list.

Responsibilities on Internship

Please list your responsibilities as an intern. Then indicate the amount of time you spent per week on each responsibility. Use either percent to total hours worked or number of hours per day that were spent on each duty.

Communication with Supervisor

Please comment on the following questions.

Was your supervisor receptive to your questions regarding other aspect of the property's operations?

Did you receive help with your report from your supervisor?

Were you able to talk about problems/difficulties with him/her?

Did he/she offer constructive criticism?

Satisfaction with Internship

How would you rate your overall experience at your internship location?

Excellent Good Fair Poor

Comments:

Would you return to the same location if it was possible? If no, why not?

Yes No

Comments:

Housing

How did you find housing? (Through the property, want ads, relatives, etc)

What type of housing was it? (apartment, house, hotel, etc)

How far was your housing from the property?

How long was your commute to the property?

Was there public transportation available?

Yes

No

If yes, what type(s)?

Was the housing provided as part of your position?

Yes

No

Did you share housing or rent?

Yes

No

With how many people did you share housing?

If you shared housing, how much rent were you responsible for?

Monthly

Deposit

Address where you stayed:

Landlord's Name and Phone Number: