



# MIDPOINT EVALUATION - INTERN

The Midpoint Evaluation helps the ASiiA Coordinating Offices identify how Interns are progressing during their internship placements. This is an opportunity for Interns to deliver any feedback they may have regarding their internship. It is a way to address any issues or challenges that Interns may be experiencing which the ASiiA Coordinator can help address if unresolved. Your feedback will be used to help improve the ASiiA programs for future Interns.

Please complete this evaluation and e-mail it to the ASiiA Coordinator of your home institution.

## PART A: INTERNSHIP

### POSITION

PLEASE PROVIDE THE FOLLOWING DETAILS.

Intern Name (First, Last):		
Home Address:		
Home University/ Institution:		
Field of Study/ Degree:		
Internship Position Title:		
Name and department of the company/ institution:		
Field of Activity:		
Host Supervisor(s) Name and Position:		
Supervisor contact:		
Internship Period:	From: (dd/mm/yyyy)	To: (dd/mm/yyyy)

<p>Why did you participate in the ASiiA Internship program? <i>Check all that apply.</i></p>	<input type="checkbox"/> To acquire a language/improve language skills <input type="checkbox"/> To learn about a new culture <input type="checkbox"/> To make new friends <input type="checkbox"/> To gain international work experience	<input type="checkbox"/> To expand professional networks <input type="checkbox"/> For self-growth and development <input type="checkbox"/> Other:
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PLEASE INDICATE WHAT YOU HOPE TO ACCOMPLISH DURING YOUR PARTICIPATION IN THE ASIIA INTERNSHIP PROGRAM.

HOW IS YOUR INTERNSHIP SO FAR? (PERSONAL IMPRESSIONS, TASKS YOU WERE GIVEN COMPARED TO THE JOB DESCRIPTION IN YOUR CONTRACT)

PLEASE DESCRIBE THE WORKING CONDITIONS (E.G. HOURS WORKED, ATMOSPHERE, ENVIRONMENT ETC.).

WHAT SUPPORT (I.E: ORIENTATION, MENTORING ETC.) HAVE YOU RECEIVED FROM YOUR HOST ORGANIZATION?

WHAT CHALLENGES/ISSUES HAVE YOU ENCOUNTERED DURING YOUR INTERNSHIP? WHAT STEPS HAVE YOU TAKEN TO RESOLVE THESE CHALLENGES OR ISSUES?

HOW DO YOU FEEL LIVING ABROAD IN GENERAL?

HOST ORGANIZATION

PLEASE RATE THE FOLLOWING ASPECTS OF YOUR INTERNSHIP WITH YOUR HOST ORGANIZATION.

Guidance on immigration and work document requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all satisfied	2	3	4	5 = Very satisfied	N/A
Work orientation received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all satisfied	2	3	4	5 = Very satisfied	N/A
Clear role expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all satisfied	2	3	4	5 = Very satisfied	N/A
Work environment and atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all satisfied	2	3	4	5 = Very satisfied	N/A

Challenge and quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all satisfied	2	3	4	5 = Very satisfied	N/A
Work related to career objectives and goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all satisfied	2	3	4	5 = Very satisfied	N/A
Supervisory support and guidance received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all satisfied	2	3	4	5 = Very satisfied	N/A
Access to necessary training, resources and/or facilities to perform duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all satisfied	2	3	4	5 = Very satisfied	N/A
Overall Internship experience to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all satisfied	2	3	4	5 = Very satisfied	N/A

## PART B: PROGRAM EVALUATION

PLEASE RATE HOW IMPORTANT EACH ASPECT OF YOUR INTERNSHIP EXPERIENCE IS TO YOU.

Feeling prepared for Internship prior to departure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all important	2	3	4	5 = Very important

Developing new skills and knowledge related to your career goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all important	2	3	4	5 = Very important
Improving language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all important	2	3	4	5 = Very important
Experiencing a new culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all important	2	3	4	5 = Very important
Receiving support and assistance from Internship Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all important	2	3	4	5 = Very important
Receiving support and assistance from Host Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all important	2	3	4	5 = Very important
Meeting and staying connected with other Interns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all important	2	3	4	5 = Very important

HOW SATISFIED ARE YOU WITH THE ASIIA INTERNSHIP PROGRAM THUS FAR?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 = Not at all satisfied	2	3	4	5 = Very satisfied

WHAT COULD WE DO TO BETTER SUPPORT INTERNS DURING THEIR PARTICIPATION IN THE ASIIA INTERNSHIP PROGRAM? PLEASE BE SPECIFIC IN HOW WE CAN IMPROVE THE PROGRAM (E.G. TRAINING PROVIDED TO INTERNS, WORKING WITH HOST ORGANIZATIONS, OTHER SUPPORT ETC.).

## THANK YOU

Thank you for taking the time to share your experience. Your opinion is important to us and will help enhance the programs and services for students working abroad.

**Protection of Privacy** - The personal information requested on this form is collected under the authority of the Sächsisches Staatsministerium für Wissenschaft und Kunst and under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of managing the consent for disclosure of personal information process. Parts A and B may be disclosed to your home institution and Government of Alberta as well as to the Saxon Ministry to help learn more about your experience in the International Internship program and how to improve the delivery of the programs and services. Please direct any questions about this collection to the ASIiA coordinator at your home university.

By checking this box, I authorize the disclosure of my personal information in accordance with the specifications detailed above.

Full Name:

Date (dd/mm/yyyy):