



FINAL EVALUATION - INTERN

PART A: INTERNSHIP

PERSONAL AND POSITION DETAILS

PLEASE PROVIDE THE FOLLOWING DETAILS.

Intern Name (First, Last):		
Host Organization:		
Internship Position Title:		
Internship Period (indicate the new end date of your internship, if it has been changed)	From: (dd/mm/yyyy)	To: (dd/mm/yyyy)

INTERNSHIP EXPERIENCE

WHAT WERE YOUR EXPECTATIONS AT THE BEGINNING OF YOUR INTERNSHIP? HAVE THESE EXPECTATIONS BEEN MET?

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WHAT SKILLS OR KNOWLEDGE DID YOU ACQUIRE AS A RESULT OF YOUR INTERNSHIP?

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HOW HAS YOUR INTERNSHIP IMPACTED YOUR PROFESSIONAL GOALS AND YOU PERSONALLY?

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DESCRIBE BRIEFLY YOUR BEST AND WORST EXPERIENCE AT WORK.

WOULD YOU RECOMMEND THIS HOST ORGANIZATION FOR A FUTURE ASIIA INTERN? WHY?

HOST ORGANIZATION

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

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
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
Overall Internship experience	<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

LIVING ABROAD EXPERIENCE

WHAT HAS BEEN THE MOST SIGNIFICANT THING YOU HAVE LEARNED ABOUT THE HOST COUNTRY?

WHAT CULTURAL DIFFERENCES (IF ANY) DID YOU FIND PARTICULARLY CHALLENGING?

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WHAT PARTS OF YOUR HOST COUNTRY'S CULTURE DID YOU MOST APPRECIATE OR ENJOY?

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WHAT DID YOU MISS THE MOST FROM YOUR HOME COUNTRY WHILE YOU WERE ABROAD?

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WHAT DID YOU LEARN ABOUT YOURSELF AS A RESULT OF YOUR EXPERIENCE ABROAD?

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COSTS AND BUDGETING

YOUR PAYMENT AND NON-MONETARY BENEFITS DURING PLACEMENT. PLEASE INDICATE CURRENCY.

Monthly salary		Free Accommodation	
Free transportation		Free Meals	
Other benefits, please specify:			

PLEASE DESCRIBE YOUR BASIC COSTS. THIS WILL HELP FUTURE INTERNSHIP STUDENTS PLAN THEIR OWN BUDGETS. PLEASE INDICATE THE CURRENCY USED

Travel costs		Accommodation/month	
Health insurance/month		Meals/month	

Cultural and Leisure		Personal spending/month	
What unexpected costs did you encounter?			

HEALTH AND SAFETY

ARE THERE ANY SPECIFIC HEALTH/SAFETY ISSUES THAT FUTURE STUDENTS SHOULD BE MADE AWARE OF? WHAT PRECAUTIONS CAN YOU RECOMMEND TO MITIGATE OR ELIMINATE THESE ISSUES?

PART B: PROGRAM EVALUATION

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How satisfied are you with the ASiiA program?	<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	
How valuable was your Internship experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1 = Not at all valuable	2	3	4	5 = Very valuable	
How confident are you in finding work post-Internship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all confident	2	3	4	5 = Very confident	I already found a job
How confident are you that your experience will help you secure a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Not at all confident	2	3	4	5 = Very confident	I already found a job
If given the opportunity, would you participate in the ASiiA program again?	<input type="checkbox"/> Yes <input type="checkbox"/> No					

PLEASE RATE THE FOLLOWING ASPECTS OF YOUR EXPERIENCE WITH THE EXTERNSHIP COORDINATOR.

Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Poor	2	3	4	5 = Excellent

Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Poor	2	3	4	5 = Excellent
Quality of information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Poor	2	3	4	5 = Excellent
Response time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Poor	2	3	4	5 = Excellent
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Poor	2	3	4	5 = Excellent
Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Poor	2	3	4	5 = Excellent

WHAT COULD WE DO TO IMPROVE THE ASIIA PROGRAM?

HOW DID YOU ENGAGE IN THE ASIIA COMMUNITY DURING YOUR TIME ABROAD?

WOULD YOU BE PREPARED TO SHARE YOUR ASIIA EXPERIENCE WHEN YOU RETURN BACK HOME?

PART C: FINAL THOUGHTS

Taking your experience into account, would you:	<input type="checkbox"/> ...carry out this internship again? <input type="checkbox"/> ...work in the host country after graduating?
Would you recommend the ASiiA program to other students? Why or why not?	<input type="checkbox"/> Yes, why? <input type="checkbox"/> No, why not?

WHAT ADVICE/ TIPS WOULD YOU GIVE FUTURE ASIIA APPLICANTS?

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, B and C will 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 ASiiA program and how to improve the delivery of the ASiiA program 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):