

...Instructional Design and Technology...
Student Intern Midterm/Final Evaluation

Date: _____

Dear Student:

The purpose of the following evaluation is to review your progress as well as any issues or concerns that have occurred during the first 40 hours and again at the end of the project as outlined in the Proposal Form. Please complete the questionnaire below and return it to your supervising UND professor at: Instructional Design & Technology, Department of Teaching & Learning, Education, Room 101, 231 Centennial Dr, Stop 7189, Grand Forks, ND 58202-7189, (E-mail Address: Dr. Richard Van Eck: richard.vaneck@und.edu; Dr. Woei Hung: woei.hung@und.edu)

This Evaluation is for (Check one): <input type="checkbox"/> Midterm <input type="checkbox"/> Final					
RATINGS					
SD= Strongly Disagree; D= Disagree; N=Neutral; A= Agree; SA= Strongly Agree					
	SD	D	N	A	SA
My progress towards outlined goals has been satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
My work has been focused on the instructional design of the project rather than the other areas of development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
I was prepared for this experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
I feel I'm getting what I need from this experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
I have had adequate contact and input from my supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
I have been able to accept and follow through on feedback from my supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
I am getting the support needed to complete the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
ADDITIONAL COMMENTS:					
SIGNATURES:					
Student Signature: _____				Date: _____	