

**U.S. Department of Commerce
Postsecondary Internship Program
Intern Evaluation Survey**

Dear DOC Intern:

The Department of Commerce (DOC) is committed to providing quality products and services to its customers. We ask that you help us learn more about your needs and to improve our intern program by completing our intern evaluation survey. Your responses will assist us in improving the Postsecondary Internship Program. Please be candid in answering the questions. All responses will be treated as confidential.

Your participation is voluntary; however, your input is very important to us. The survey should take no more than 30 minutes to complete. Please complete the survey at your earliest possible convenience, and no later than one week prior to the end of your internship assignment.

Thank you for your assistance and we look forward to hearing from you.

Sincerely,

CARIN M. OTERO

Intern Program Manager

INSTRUCTIONS: Please complete and return intern evaluation survey to: Carin Otero, Postsecondary Internship Program Manager, U.S. Department of Commerce, 1401 Constitution Avenue, NW, Room 5001, Washington, DC 20230. You may also send your completed survey via facsimile to: Carin Otero at (202) 482-2898, or via email to COtero1@doc.gov.

NOTE: This survey contains collection of information requirements subject to the Paperwork Reduction Act. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB control number. The estimated response time is 30 minutes, which includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This survey, OMB Control No. 0690-0021, will expire on April 30, 2006.

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NAME (Optional) _____ DATE _____

SECTION I. - GENERAL INFORMATION

1. Who is your sponsoring DOC program partner? _____
To which office/bureau were you assigned? _____

2. How did you find out about this internship program? Internet _____ DOC web site _____
Friend or Relative _____ Career or Job Fair _____ School _____
Other (please explain) _____

3. Would you recommend this program to a friend? **Yes/No** (circle) Would you be interested in participating in our program again next year? **Yes/No** Comments: _____

4. Are you a graduating Bachelors Degree or Masters Degree candidate? **Yes/No** (circle)

5. What is your major field of study? _____

6. What are your career goals/aspirations? _____

7. Would you be interested in pursuing employment opportunities with DOC following graduation? **Yes/No** (circle) With another federal agency? _____

SECTION II. - YOUR DOC EXPERIENCE

Instructions: Please use the following rating scale to respond to these questions and answer yes or no, where appropriate. Feel free to support your answers with additional comments.

5-Excellent

4-Good

3-Satisfactory

2-Neutral

1-Poor

1. The DOC internship experience has given me the opportunity to:

- integrate academic theory with work place requirements _____
- gain/increase relevant skills and knowledge _____
- develop professional networks/relationships _____
- develop a greater awareness of the role of the public sector _____

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2. The internship supported/enhanced my career goals. ____ Comments: _____

3. The internship met my expectations. ____ Comments: _____

4. Rate your work space in the office. ____ Did you have access to a computer? **Yes/No** The Internet? **Yes/No** Telephone/Voicemail? **Yes/No** If you did not have access to this equipment, did it affect your productivity? **Yes/No** Comments: _____

5. Did you attend an orientation session by your bureau or host office? **Yes/No** If so, rate the session. ____ Provide comment if you found it valuable or give suggestions for improvement.

6. Did you participate in any of the intern field trips to the bureaus? **Yes/No** If so, rate the value of the experience. ____ Provide suggestions on other DOC sites/activities which you would enjoy seeing.

SECTION III. - YOUR SPONSORING DOC PROGRAM PARTNER

Instructions: Please use the following rating scale to respond to these questions. Feel free to support your answers with additional comments.

5-Excellent

4-Good

3-Satisfactory

2-Neutral

1-Poor

1. Rate your overall experience with your sponsoring group. ____ Comments: _____

2. Did you live in housing arranged by your sponsoring group? **Yes/No** Rate your accommodations. ____ Comments: _____

3. Rate the accessibility of public transportation from your housing site to your work site. ____ How far was your apartment/dormitory from public transportation? _____ What method of transportation did you use? _____

GENERAL COMMENTS _____
