



# COASTAL FUND

UC SANTA BARBARA  
ASSOCIATED STUDENTS

## Coastal Fund Internship Evaluation Form

Date:

**INTERN:**

Please fill out the section below and submit the completed form to [coastalfund@gmail.com](mailto:coastalfund@gmail.com)

Coastal Fund Tracking Number:

Project Title:

(Please see signed Grant Agreement for Coastal Fund tracking number and project title or feel free to contact our office at the address above)

Sponsoring Agency:

Intern Name:

Supervisor:

Internship Duration (Quarter/Year):

Check here if you wish to keep this form confidential. When checked, the evaluation form will not be sent to the sponsoring agency if requested.

1. Was this internship paid or for credit? Were you paid with a stipend or hourly wage?
2. What did you learn as a result of completing this internship?
3. Do you feel that the program you worked for utilized its resources and your time in the most efficient manner? Do you feel you had good direction and adequate supervision? Please explain.
4. What were your favorite and least favorite aspects of this internship?
5. Do you have any suggestions that could make either the program or the internship experience better?
6. Would you be interested in participating in another internship through the same program or through another Coastal Fund grantee?

7. Was the supervisor approachable and easy to communicate with? Please explain.

8. Would you recommend this internship to your friends? If yes, why?

9. Did the internship have an influence on your career goals? If yes how?