

**SUPERVISOR/ ORGANIZATION**

**END-OF-INTERNSHIP REPORTING FORM**

**HARVARD BIOPHYSICS**

 **Graduate Program**

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| **Please Provide an Evaluation for the Biophysics Student Who has Carried Out an Internship in Your Organization** |
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| **S****tudent** **Name:** |       |  | **Organization Name:** |       |
| **Dates of Internship:** |       |  | **Organization Address:** |       |
| **Internship Mentor/ Supervisor:** |       |  | **Internship Supervisor** **Contact Information:** | Email:      Phone:       |

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| **What were your organization’s goals/ motivation in offering this internship opportunity?** |
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| **What training opportunities were provided to the student as part of this internship?** |
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| **What professional development experiences were available to the student as part of this internship experience?** |
|       |
| **In what ways did the student engage in the opportunities provided as part of this internship?** |
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| **Please describe the mentoring that was offered to the student:**  |
|       |
| **Please describe when and how feedback was given to the student:** |
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| **Did the student meet your organization’s expectations for this internship (in terms of preparation, attendance, skillset, time-management, focus and productivity)?** |
|       |
| **Was the student able to interface well with other stakeholders involved in this internship experience (communication, seeking out internal support from team members if/ when needed)?** |
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| **What deliverables did the student’s internship produce for your organization?** |
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| **Did the student contribute to any intellectual property with your organization as a result of their internship?** |
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| **Were there any areas where the student did not meet the organization’s expectations for this internship?** |
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| **What recommendations would you have for the student for continued growth and development?** |
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| **Is your organization potentially interested in offering an internship opportunity for another Biophysics Graduate student in the future?** |
|       |
| **Internship Supervisor:**      | **Signature:**      | **Date:**      |
| **Return Form To: Michele R. Eva (****Michele\_jakoulov@hms.harvard.edu****)****Harvard Biophysics Graduate Program****Seeley G. Mudd Bldg., Room 204c, 250 Longwood Ave., Boston, MA 02115****617-432-3802** |