

NC Pork Council Student Internship Program

Student Internship Evaluation Form

To be completed by **pork producer** at the completion of the internship.

Pork Producer: _____

Address: _____

Phone: _____ Mobile Phone: _____

E-mail address: _____

Student Intern Name: _____

Intern's Job description: _____

Did program meet you expectations? _____

Did student perform job satisfactorily? _____

Was this a positive experience for you? _____

Was it a positive experience for the student? _____

Would you participate in this program again? _____

Would you recommend this to other producers? _____

What suggestion(s) do you have to make this a better program? _____
