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? __________________

________________________________________________________________________