

## EMPLOYER EVALUATION QUESTIONNAIRE

**(Students are required to fill out this questionnaire to provide information for the Department. The Department of Tourism Administration confirms that it will not share it with the employer.)**

Name of the Student:

Dates of the internship program:

Employer:

Name of the Internship Site Supervisor:

Role in the Company:

1. Please fill in the response that best represents your opinion.

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>Training program is</b>	( )	( )	( )	( )
<b>Contribution to my knowledge is</b>	( )	( )	( )	( )
<b>Organizational environment of the site is</b>	( )	( )	( )	( )
<b>Contribution to my practical skills is</b>	( )	( )	( )	( )
<b>Managers' attitudes towards interns are</b>	( )	( )	( )	( )
<b>My internship site supervisor's knowledge is</b>	( )	( )	( )	( )
<b>Attitudes of the employees towards interns are</b>	( )	( )	( )	( )
<b>Interpersonal relations among employees are</b>	( )	( )	( )	( )
<b>Working conditions are</b>	( )	( )	( )	( )
<b>My overall impression is</b>	( )	( )	( )	( )

2. Do you recommend continuing the internship program with this company? Yes ( ) No ( )

3. What are your suggestions to the prospective interns who choose this company?

4. Please mention your other comments about this company.

5. Please evaluate the internship program of the department.

**Tourism Management Department will not disclose the information received and will take it into consideration to evaluate for future collaborations with this company.**