

RTVF 170 STUDENT TO STUDENT EVALUATION
(This evaluation will be read by your fellow students.)

Your Name (optional)

Semester of
Internship

Internship
Site

Site Supervisor

Supervisor Contact

Phone _____ Email _____

Would you recommend the site? (Circle one) YES NO

EVALUATION: (Please include information about your objectives, opportunities, site mentoring and overall perspective regarding the internship).

Please return to:
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