**Internship evaluation**

|  |  |
| --- | --- |
| **Name** |  |
| **Place of internship** |  |
| **Name of supervisor/contact person (name, title, e-mail-address)** |  |
| **Internship period** |  |
| **Weekly number of workhours** |  |
| **Supervisor at SDU** |  |

|  |
| --- |
| 1. How did you find the place of internship? |
| 2. Please describe your tasks during the internship? |
| 3. What did you gain from the internship? |
| 4. Would you recommend the place of internship to other public health students? (please elaborate) |
| 6. Based on your experiences, do you have any suggestions for improvements in connection with internships (at the place of internship, at SDU)  |
| 7. Other comments |