



Midterm Discussion APPA Student Internship Program

This form is created to be used a discussion tool between student intern and internship supervisor. Questions in this form will help both student intern and supervisor to better understand and learn the needs/expectations of each other.

Host Institution/Organization Information			
Host Institution Name:			
Supervisor Name:		Title:	
Supervisor Email:		Supervisor Phone#:	

Student Information					
Student Name:					
Internship Position:		Start/End Date:			
Internship Period:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall and Spring	<input type="checkbox"/> Fall, Spring, and Summer

Supervisor to Ask Student

What else do you need to fulfill your internship experience?

Does the level of work meet your ability and knowledge?

What is your favorite experience during your internship so far?

Student to Ask Supervisor

Am I meeting the expectations of this internship?

Please share how you learned about educational facilities.

Have you participated in one of the APPA activities? Yes No

Supervisor Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Thank you for joining APPA Student Internship Program.
<https://www.appa.org/JobExpress/index.cfm#>