



**Co-operative Internship
Experience Program
Final Program Evaluation
(HOST)**



Canada

2010/2011

1. Would you choose to participate in the CIEP if future offerings are available?

Yes No Maybe

Comment:

2. Does your organization feel that the internship experience provided the necessary assistance needed to complete the identified projects and/or tasks for the organization?

Yes No Maybe

Comment:

3. Did the internship have a positive or negative effect on the workings of your organization? How?

4. Do you feel the time in which the intern spent within your organization was well utilized?

5. What changes in the program, if any, would you make if you were to participate in the CIEP again in the future?

6. Do you feel that this experience encouraged the intern to explore future career opportunities in the co-operative sector?

7. Were the overall results throughout the experience what you and your organization expected from the internship program? If so, how? If not, why?

8. Do you have any overall comments about the intern or the internship program that you wish to add?

Thank you for your time and effort in filling out this evaluation. Your response is very important to us, and to the continuation of the Co-operative Internship Program.

Host Name: _____

Signature: _____ **Date:** _____

When completed, please send to...

Attention of Audrey Aczel

Fax: (519) 763-7239

or

Email: [aaczel@ontario.coop](mailto:aaczal@ontario.coop)

We enjoyed having you participate in the CIEP!