**Text

Description automatically generated**

**HPSS 6655 INTERNSHIP GOALS**

*This form is to be completed by the student prior to the start of the internship*

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name:  Enter Name Here | | Bengal ID #:  Enter Bengal ID # Here | |
| E-mail:  Enter Email Address Here | Phone #:  Enter Phone # Here | | Faculty Advisor  Enter Name of Advisor Here |

|  |  |
| --- | --- |
| Internship Name/Location:  Enter Site Name Here | Internship Supervisor:  Enter Supervisor's Name Here |
| Internship Supervisor’s Email:  Enter Supervisor's Email Address Here | Internship Supervisor’s Phone #:  Enter Supervisor's Phone # Here |

**Please answer the following questions as they pertain to your professional goals and objectives related to your internship experience:**

1. **What are your career goals?**

Enter Response Here

1. **Why did you select this particular internship location and supervisor?**

Enter Response Here

1. **What do you identify as your biggest professional strengths?**

Enter Response Here

1. **What do you identify as your biggest professional weaknesses?**

Enter Response Here

1. **What specific skills or aspects of this internship are you most looking forward to?**

Enter Response Here

1. **How would you like to use this internship experience to improve your abilities as a leader:**

Enter Response Here