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**HPSS 6655 INTERNSHIP GOALS**

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

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