

2018 SAAIP EVALUATION – SUPERVISORS

Supervisor Name (optional): _____ Agency: _____

Please complete the SAAIP Summer Internship evaluation. Your feedback is valuable and will be considered for future improvements to the program.

I. Your Attendance:

1) Did you attend the SAAIP Orientation Seminar?	Yes	No	
2) Did you attend the July 13, 2018 Seminar?	Yes	No	
3) Did you attend the August 10, 2018 Seminar?	Yes	No	

II. Please rate your satisfaction level:

	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied	N/A
Satisfaction with SAAIP agency application and process						
Communication with DPM staff during the process						
Resume distribution						
Timeline of process						
SAAIP Seminars Orientation July 13, 2018 August 10, 2018						
Overall Satisfaction						

III. Suggestions for Improvement:

IV. Additional Comments:

Please return the completed form to wiscjobs@wisconsin.gov by August 31, 2018.