

SAMPLE
Work-Based Learning
Student Evaluation Form

Office of Career and Technical Education

Service-Learning
 Mentoring

Job Shadowing
 School Enterprise

Internship
 Entrepreneurship

Co-op
 Apprenticeship

Student Information

Student's Name:

Date:

Employer:

Worksite Supervisor's Name:

Worksite Supervisor's Phone Number:

Evaluation Information

Instructions: Please rate your performance for the items listed below.

Use the comments area to list any specific praise or concerns observed during your placement.

Use the following scale for evaluation:

1—No

2—Maybe

3—Yes

4—Not Applicable

NO MAYBE YES N/A

Placement was related to my career goals

Experience helped in planning my career goals

Still interested in this career

Received guidance and direction from site supervisor

Used time wisely

Workload was appropriate

Employer displayed ethical behavior

I displayed ethical behavior

Experience was well defined in WBL agreement

Placement was sufficient in length

Overall positive experience

Comments:

Student's Signature:

Date: