Employer Evaluation of Work-Based Learning

Rate your agreement with the following statements:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Supervisor Name: |  | Strongly Disagree | Somewhat Disagree | Neither Agree Nor Disagree | Somewhat Agree | Strongly Agree |
|  |  |
| 1. **Student readiness:** The student(s) came prepared to contribute to and benefit from the experience.
 |  |  |  |  |  |
| 1. **Student engagement:** The student(s) was(were) motivated and engaged.
 |  |  |  |  |  |
| 1. **Support:** I was adequately prepared and supported to be successful.
 |  |  |  |  |  |
| 1. **Time:** The time commitment was reasonable and as expected.
 |  |  |  |  |  |
| 1. **Overall**: I would recommend participating in a work-based learning opportunity to my peers.
 |  |  |  |  |  |
| 1. **Improvements**: Explain which aspects of the work-based learning opportunity could be improved.
 |
|  |
| 1. **Value**: Explain which aspects of the work-based learning opportunity were the most valuable to you.
 |
|  |