Employer Evaluation of Work-Based Learning

Rate your agreement with the following statements:

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| Supervisor Name: |  | Strongly Disagree | Somewhat Disagree | Neither Agree Nor Disagree | Somewhat Agree | Strongly Agree |
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| 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. | | | | | | |
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| 1. **Value**: Explain which aspects of the work-based learning opportunity were the most valuable to you. | | | | | | |
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