

Work-Based Learning Activity Evaluation

Work-Based Learning Activity Type _____

Volunteer/Host/Teacher _____

Date(s) _____

Employer Partner _____

School/Organization _____

Industry/Career Pathway _____

of Students _____

Please rate your experience by circling a number that best describes your level of agreement with each statement.

4=Strongly Agree; 3=Agree; 2=Disagree; 1=Strongly Disagree	4 3 2 1
I understood the purpose of the activity and my role in it prior to the experience.	
The experience was valuable and worth my time and effort.	
I felt supported in making the experience a success.	
I would participate in this or another FCPS Work-based Learning activity in the future.	
Comments:	