HILL
THE HUB FOR INNOVATIVE LEARNING & LEADERSHIP

Work-Based Learning
Student Evaluation Form

Service-Learning | Job Shadowing | Internship | Co-op
Mentoring | School Enterprise | Entrepreneurship | 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.

	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 Signature:		**Date:**	