

Work-Based Learning Activity Evaluation

Host/Volunteer

WBL Coordinator

Teacher

Work-Based Learning Activity Type _____ 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. <p style="text-align: center;">4=Strongly Agree; 3=Agree; 2=Disagree; 1=Strongly Disagree</p>	
I understood the purpose of the activity and my role in it prior to the experience.	4 3 2 1
The experience was valuable and worth my time and effort.	4 3 2 1
I felt supported in making the experience a success.	4 3 2 1
I would participate in this or another NYC DOE activity in the future.	4 3 2 1
Comments:	