



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.	
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 NYC DOE activity in the future.	
Comments:	