

Work-Based Learning Activity Evaluation Student

Work-Based Learning Activity Type _____ Date(s) _____	
Employer Partner _____	
School/Organization _____	Industry/Career Pathway _____
# of Students _____	
Please answer all questions to the best of your ability. Rate your experience by circling a number below.	
4=Strongly agree; 3=Agree; 2=Disagree; 1=Strongly disagree	4 3 2 1
I understood the purpose of the activity and what was expected of me ahead of time.	
The experience was valuable and worth my time and effort.	
I felt supported by the adults involved with this activity.	
This is a career pathway I would be interested in pursuing in the future.	
I would like to participate in this or another work-based learning activity in the future.	
Comments or Ideas:	