

**WORK-BASED LEARNING ACTIVITY  
EMPLOYER FEEDBACK FORM**

<District>

<School>

Take a moment to complete this form and return it to the school. Your feedback may help us improve our program.

- Internship       Clinical     Cooperative Work Experience       Apprenticeship

Key: 5 - Strongly Agree    4 - Agree    3 - Undecided    2 - Disagree    1 - Strongly Disagree

- |   |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. The student was prepared for the experience.                                     | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2. The student behaved courteously.   | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 3. The student dressed appropriately.   | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 4. The school provided helpful and timely information in support of the experience. | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 5. The school contact was available and responsive to my needs.                     | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 6. This was a good use of my time and resources.                                    | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 7. I am willing to sponsor another student in the future.                           | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |

What went well? \_\_\_\_\_

Recommendations for improvement? \_\_\_\_\_

Comments: \_\_\_\_\_

Name of individual completing form: \_\_\_\_\_

Address \_\_\_\_\_

**Please return this evaluation form to the school contact within 7 days.**