**\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT WORK-BASED LEARNING**

**Student Intern Evaluation Form Quarter #1**

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

Student Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Internship/Apprenticeship Period:\_\_\_\_\_\_

Key: 5**—**Strongly Agree 4**—**Agree 3**—**Undecided 2**—**Disagree 1**—**Strongly Disagree

 Internship  Apprenticeship

1. The student was prepared for the experience. 5  4  3  2  1 
2. The student behaved courteously. 5  4  3  2  1 
3. The student dressed appropriately. 5  4  3  2  1 
4. The school provided helpful and timely 5  4  3  2  1 

information in support of the experience.

1. The school contact was available and responsive 5  4  3  2  1 

 to my needs.

1. This was a good use of my time and resources. 5  4  3  2  1 
2. I am willing to sponsor another student in the 5  4  3  2  1 

future.

What went well?

Recommendations for student improvement:

Comments:

Worksite Mentor Signature:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_School District does not discriminate on the basis of race, color, religion, sex, age, national origin, or disability.