



Work-Based Learning Activity Evaluation

Student

Work-Based Learning Activity Type _____ Date(s) _____ Employer Partner _____ School/Organization _____ Industry/Career Pathway _____ # of Students/Learners _____ <p style="text-align: center;">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</p>				
I understood the purpose of the activity and what was expected of me ahead of time.	4	3	2	1
The experience was valuable and worth my time and effort.	4	3	2	1
I was able to meet my learning objectives for the activity	4	3	2	1
I felt supported by the adults involved with this activity.	4	3	2	1
This is a career pathway I would be interested in pursuing in the future,	4	3	2	1
I would like to participate in this or another work-based learning activity in the future	4	3	2	1
Comments or Ideas:				