



## Work-Based Learning Activities Evaluation

### Host/Volunteer School Coordinator or Teacher

Work-Based Learning Activity Type \_\_\_\_\_

Date(s) \_\_\_\_\_ Employer Partner \_\_\_\_\_

School/Organization \_\_\_\_\_

Industry/Career Pathway \_\_\_\_\_

# of Students \_\_\_\_\_

**Please rate your experience using the number system below.**

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 Work-based Learning activity in the future.	
Comments:	