

Work-Based Learning Activity Evaluation

Student

WBL Activity Type _____ Date(s) _____ Employer Partner _____ School _____ Industry/Career Pathway _____ # of Students _____ Please Rate your experience by circling a number below. 4=Strongly agree 3=Agree 2=Disagree 1=Strongly disagree	
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 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:	