

Work-Based Learning Activity Evaluation

Host/Volunteer

Coordinator

Faculty Member

WBL Activity Type _____ Date(s) _____ Employer Partner _____ School _____ Industry/Career Pathway _____ # of Students _____ <p style="text-align: center;">Please 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 my role in it prior to the experience.	4 3 2 1
The experience was valuable and worth my time and effort.	4 3 2 1
I felt supported in making the experience a success.	4 3 2 1
I would participate in this or another LAOCRC work-based learning activity in the future.	4 3 2 1
Comments or Ideas:	