



Employer Evaluation of Work-Based Learning

Student Information

Student
Name:

First

Middle

Last

Supervisor Information

Supervisor
Name:

First

Middle

Last

Employer Feedback

Employer: Please rate your agreement with the following statements	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
1. Student readiness: The student came prepared to contribute to and benefit from the experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Student engagement: The student was motivated and engaged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Support: I received orientation from SCF and/or the instructor to successfully participate as an employer in this work-based learning opportunity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Time: As an employer, the time commitment in providing this Work-Based Learning experience was reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall: I would encourage or recommend industry peers participate in a work-based learning opportunity with SCF.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Improvements: Explain which aspects of the work-based learning opportunity could be improved.					

7. **Value:** Explain which aspects of the work-based learning opportunity were the most valuable to you.

8. **Student Preparation:** How well-prepared was the student to work in the field? Were there areas where the student needed more preparation?

Employer: Sign below and return this form to the **student's instructor**.

Signature

Employer
Signature:

Date: _____

Instructor: Once the signed copy is submitted to you, please return this form to Internships@SCF.edu.