



Work-Based Learning Student Reflection

Student Information

Student Name:

First

Middle

Last

Phone:

SCF Email:

@student.scf.edu

Internship Course Information

Course Prefix/Number

Semester Hours: 0

1

2

3

Course Prefix/Number

Course Title:

Course CRN#:

Semester in which course was taken:

Fall

Spring

Summer

Year in which course was taken:

2023

2024

2025

2026

2027

2028

Date course was completed:

Current Academic Program of Study:

Student Reflection Questions

Use the below prompts to reflect on your work-based learning experience – particularly concerning how it may affect your future career, training, and other work-based learning opportunities.

Return this completed form to your instructor.

Build Your Resume

What did you accomplish during your work-based learning opportunity that could be valued by employers? Consider experiences, work products, credentials, training, skills, tasks or any other topic that could be listed on your resume or become a part of your work portfolio.

Personal Reflections

What did you learn about yourself during this work-based learning opportunity? Consider your strengths, weaknesses, values, interests, needs, or any other relevant topic.

<p>Industry Reflections</p>	<p>What did you learn about the industry you worked in? Consider different aspects of the industry, such as technical and occupation-specific skills, the use of technology, labor and community issues, health and safety issues, environmental issues, finance, management, opportunities for education and advancement, or any other relevant aspects of the industry.</p>
<p>Your Plans</p>	<p>How have your future academic and career plans been affected by your experience in your work-based learning opportunity? Consider what occupations, training programs, or educational institutions you are now drawn towards or away from.</p>
<p>Give Feedback</p>	<p>How could future work-based learning experiences be improved for other students?</p>

Student: Sign below and return this form to your instructor.

Signature

Student
Signature:

Date: _____

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