



STATE COLLEGE OF FLORIDA
MANATEE - SARASOTA

Student Evaluation of Work-Based Learning

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 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: Rate your agreement with the following statements. Return this completed survey to your instructor.

Table with 5 columns: Strongly Disagree, Somewhat Disagree, Neither Agree Nor Disagree, Somewhat Agree, Strongly Agree. Rows include statements about support, safety, skill development, social capital, career preparation, and overall recommendation.

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

**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](mailto:Internships@SCF.edu).