STATE COLLEGE OF FLORIDA MANATEE-SARASOTA

Student Evaluation of Work-Based Learning

Student Information							
	dent						
Nan	ne: First Middl	e		Las	t		
Pho	hone:		SCF Email:			@student.scf.edu	
Internship Course Information							
Course Prefix/Number Course Prefix/Number			Seme	ster Hours: (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.			Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
	Support : I received everything I needed to be suc in my work from my employer or supervisor.	cessful					
	Safety : The employer or supervisor provided a sa worksite environment.	fe					
3.	Skill Development: I gained or improved my worl	k skills.					
	Social Capital Development : I received adequate opportunity to build relationships with industry a community professionals.						
5.	Career Preparation : The work-based learning exp helped me plan and prepare for my future career						
	Overall : I would recommend this work-based leav opportunity to my peers.	rning					
 Improvements: Explain which aspects of the work-based learning opportunity could be improved for future students. 							

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.

Student
Signature:
Date:

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