(SAMPLE)

# STUDENT EVALUATION OF TRAINING STATION/AGENCY

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Weeks Employed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name

1. Duties
2. Is your job what you expected it to be? ( ) Yes ( ) No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Explain: | |  | |  | | |
| 3. Has your mentor been providing guidance/instructions? | | ( ) Yes | | ( ) No | | |
| If yes, mentor’s name: | |  | |  | | |
| 4. Were you given ample instruction when you started the job? | | ( ) Yes | | ( ) No | | |
| 5. Have you been given helpful instruction when needed? | | ( ) Yes | | ( ) No | | |
| 6. Have co-workers been friendly and courteous? | | ( ) Yes | | ( ) No | | |
| 7. Do you feel advancement is available if working full-time? | | ( ) Yes | | ( ) No | | |
| 1. Were company rules and regulations explained clearly? 2. Please rate your supervisor(s) on the following points: | | ( ) Yes | | ( ) No | | |
|  | Good | | Average | | Poor |
| Introduced you to all employees in the company/department |  | |  | |  |
| Explained changes which affect you |  | |  | |  |
| Interested in you and your job |  | |  | |  |
| Follow-up counseling |  | |  | |  |

1. What are the working conditions in your business? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What can you suggest that would better the working conditions at your training station for future Work-Based Learning students?

1. General comments to evaluate your training station not included in the above questions:

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