

Please ask students to complete this the mid-point of the semester after meeting with their employers. Discuss the student's overall performance and review the responses along with the employer's review with the student.

Student Printed Name: _____ Total # of WBL hours completed: _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you receiving adequate support/training from the site supervisor to perform your work responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you challenged by work assignments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you completed at least 50% of each of your MLO's? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is this a positive learning experience for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has this experience affirmed your career choice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there concerns that you have with your employer? If yes, explain: | | |

7. The overall quality of this work experience is: Excellent Good Fair Poor
8. Is there a particular class or group of classes that assisted you in being prepared for this WBL experience?

9. Faculty Coordinator Comments:

Student Signature

Date

WBL Faculty Signature

Date