
Student Name (Print)

PCC Student ID

Employer

Supervisor Name

Instructions: Please evaluate your work experience by answering the below questions (in type or print). *Evaluation must be completed by the end of the WLB semester.*

As a result of your Work-Based Learning experience, are you more interested in your major field of study or less interested? Why?

Explain how the Work-Based Learning experience has improved your ability to work in your area of study. List skills you have learned or improved that related to your Measurable Learning Objectives.

Describe how your supervisor / employer helped you during your work-based learning experience.

What challenges did you experience at your work site?

Would you recommend the Work-Based Learning program to other students? Yes No

Would you recommend this employer to another Work-Based Learning student? Yes No

Overall, were you satisfied with your work experience? Yes No

Student Signature _____ Date _____