

EMPLOYER PROGRAM EVALUATION FORM

OFF CAMPUS EDUCATION

STUDENT AND EMPLOYER INFORMATION		
Student Name	Date of Evaluation	
Organization Name	Role of Student within Organization	
Supervisor Name	Supervisor Position	Dates of Placement

RATING SCALE
Rate your opinion of the following statements as they pertain to your off campus education experience using the following scale.
5 – Strongly Agree 4 – Agree 3 – Unsure 2 – Disagree 1 – Strongly Disagree

PROGRAM STATEMENTS						
I received adequate orientation about the program prior to accepting a student.	5	4	3	2	1	N/A
The placement of the student was an appropriate match to the workplace.	5	4	3	2	1	N/A
Sufficient contact was made by the School Off Campus Teacher throughout the placement.	5	4	3	2	1	N/A
The program was beneficial to the student.	5	4	3	2	1	N/A
The program was beneficial to the workplace.	5	4	3	2	1	N/A
The program was beneficial to the community.	5	4	3	2	1	N/A
The student exhibited improved work habits as the program progressed.	5	4	3	2	1	N/A
The program helps to bridge the gap between school and the world of work.	5	4	3	2	1	N/A
I felt valued by the School Off Campus Teacher as an employer.	5	4	3	2	1	N/A
I felt valued by the student as an employer.	5	4	3	2	1	N/A
I was comfortable asking questions or raising concerns with the School Off Campus Teacher.	5	4	3	2	1	N/A
I felt confident that I could address the questions and concerns of the student in my employ.	5	4	3	2	1	N/A
The employee-employer relationship was mutually respected.	5	4	3	2	1	N/A
This company is committed to strengthening the skills, competencies and abilities in its employees.	5	4	3	2	1	N/A
This company values employee satisfaction.	5	4	3	2	1	N/A
The development of student work site knowledge, skills and attitudes should remain a priority.	5	4	3	2	1	N/A
I feel that the Off Campus Education Program should continue.	5	4	3	2	1	N/A
I would accept the placement of an Off Campus Education student in the future.	5	4	3	2	1	N/A

QUESTIONS FOR THE EMPLOYER

What do you see as the strengths of the Off Campus Education Program?

What recommendations might you have for improving the Off Campus Education Program?

In what ways was the student adequately prepared for the employment experience?

What advice would you provide to future students who may come into your employ?

Comments

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) ACT: The personal information contained on this form is collected under the authority of Section 32(c) of Section 37 of the School Act and will be used for the purposes of verifying attendance and evaluating the performance of students registered in Off Campus Education.

Thank you for completing this evaluation. Your feedback is valuable to the organization of future programs.

DECLARATION		This evaluation is fair and accurate.	
Supervisor Signature		Date	

