

## STUDENT PROGRAM EVALUATION FORM

### OFF CAMPUS EDUCATION

STUDENT AND EMPLOYER INFORMATION		
Student Name	Date of Evaluation	
School Off Campus Teacher	School	
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 Off Campus Education program.	5	4	3	2	1	N/A
I felt prepared to apply to my workplace.	5	4	3	2	1	N/A
My resume and cover letter were provided feedback by my School Off Campus Teacher.	5	4	3	2	1	N/A
My School Off Campus Teacher helped me prepare for my interview.	5	4	3	2	1	N/A
I understood my rights and responsibilities as an employee.	5	4	3	2	1	N/A
The work site placement was an adequate match for me.	5	4	3	2	1	N/A
My employer expectations were clearly communicated.	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
I was able to improve my 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
The program helped me make an informed decision about my future education and career goals.	5	4	3	2	1	N/A
I felt valued by my School Off Campus Teacher as a student.	5	4	3	2	1	N/A
I felt valued by my employer as a student.	5	4	3	2	1	N/A
I was comfortable asking questions or raising concerns with my School Off Campus Teacher.	5	4	3	2	1	N/A
I was comfortable asking questions or raising concerns with my employer.	5	4	3	2	1	N/A
I understood from my School Off Campus Teacher what was required of me to be successful.	5	4	3	2	1	N/A
I understood from my employer what was required of me to be successful.	5	4	3	2	1	N/A
I would recommend this work site to fellow students.	5	4	3	2	1	N/A
I would recommend the Off Campus Education Program to fellow students.	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

**QUESTIONS FOR THE STUDENT**

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

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

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In what ways were you adequately prepared for the employment experience?

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What advice would you provide to future students who may be employed at this workplace?

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Comments

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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.**

Student Signature

Date

