

STUDENT WORK SITE 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

COMMUNICATION

I had access to the information necessary to be successful in my role.	5	4	3	2	1	N/A
I was given clear instructions when provided a task to complete.	5	4	3	2	1	N/A
I understood what was expected of me.	5	4	3	2	1	N/A
I was given the opportunity to discuss my experience with my supervisor and/or co-workers.	5	4	3	2	1	N/A
My supervisor kept me informed as to how I was doing my job.	5	4	3	2	1	N/A

CONTEXT

I learned things that will help me in my future employment or education.	5	4	3	2	1	N/A
My supervisor was approachable.	5	4	3	2	1	N/A
My supervisor helped me to solve problems.	5	4	3	2	1	N/A
My co-workers were helpful.	5	4	3	2	1	N/A
The employees at the company encouraged me to ask questions.	5	4	3	2	1	N/A
The people with whom I worked are an effective team.	5	4	3	2	1	N/A
I was encouraged to do things myself instead of just observing.	5	4	3	2	1	N/A
I was given adult responsibilities.	5	4	3	2	1	N/A
I had freedom to develop and use my own ideas.	5	4	3	2	1	N/A

EXECUTION OF WORK DUTIES

My job was just busywork.	5	4	3	2	1	N/A
I was given a variety of tasks to do.	5	4	3	2	1	N/A
I spent most of my time watching others work.	5	4	3	2	1	N/A
I spent most of my time helping someone else.	5	4	3	2	1	N/A
I spent most of my time working on my own.	5	4	3	2	1	N/A
I spent most of my time being helped by someone.	5	4	3	2	1	N/A

HEALTH AND SAFETY						
I was provided a health and safety orientation.	5	4	3	2	1	N/A
I was given enough training to do my tasks.	5	4	3	2	1	N/A
I was expected to wear appropriate Personal Protective Equipment (PPE).	5	4	3	2	1	N/A
I was taught to use tools and equipment in a safe and effective manner.	5	4	3	2	1	N/A
I think the site is a safe place to work.	5	4	3	2	1	N/A

GENERAL IMPRESSION						
The work I did was meaningful and challenging.	5	4	3	2	1	N/A
I felt important.	5	4	3	2	1	N/A
I was treated fairly.	5	4	3	2	1	N/A
I was appreciated.	5	4	3	2	1	N/A
I felt valued as a contributor.	5	4	3	2	1	N/A
My development was a priority.	5	4	3	2	1	N/A
The experience was worthwhile.	5	4	3	2	1	N/A
I would recommend using this work site again.	5	4	3	2	1	N/A

STUDENT COMMENTS	
Employer's strong points	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Recommendations for improvement	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Other comments	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

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.

DECLARATION	
Student Signature	<p style="text-align: center;">This evaluation is fair and accurate.</p> Date

