



**EXPERIENTIAL LEARNING
FACULTY EVALUATION**

Student Name:	Employer:
Student ID #:	Faculty Mentor:

Student's Job Title: _____

Job Duties: _____

Grade: _____

Total Hours Worked: _____

Credits Earned: _____

Did faculty mentor visit work site? Yes _____ No _____

If yes, please list date of visit: _____

Did faculty mentor have other contact with student's work supervisor (phone call, email etc.)?

Yes _____ No _____

Please list faculty mentor's comments about work site visit or other contact here:

PLEASE CONTINUE TO PAGE TWO

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DIRECTIONS: For each of the learning objectives defined before employment (listed on the student's *Experiential Learning Contract*) please list the objective (minimum of 4) & indicated the degree which each objective was met using the following scale:

1=Completely Achieved 2=Mostly Achieved 3=Somewhat Achieved 4=Mostly Unachieved 5=Completely Unachieved

Completely Achieved

Completely Unachieved

Learning Objective #1:

1 2 3 4 5

Learning Objective #2:

1 2 3 4 5

Learning Objective #3:

1 2 3 4 5

Learning Objective #4:

1 2 3 4 5

Please share any additional comments you may have concerning how the student may improve his/her professional development here:

Faculty Mentor's Signature: _____ ***Date:*** _____