



**CAREER DEVELOPMENT CENTER  
EXPERIENTIAL LEARNING  
FACULTY EVALUATION**

**Please complete this form & return to the Career Development Center.**

<b>Student Name:</b>	<b>Employer:</b>
<b>Student ID #:</b>	<b>Faculty Mentor:</b>

**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:***

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**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:**

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**Faculty Mentor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_