



**EXPERIENTIAL LEARNING  
STUDENT EVALUATION OF EMPLOYER**

**The student must complete this form & return one copy to the Registrar's Office and one copy to his/her faculty mentor.**

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

**DIRECTIONS:** For the statements below please circle your level of agreement using the following scale:

**1=Completely Disagree   2=Mostly Disagree   3=Somewhat Agree   4=Mostly Agree   5=Completely Agree**

	Completely Disagree			Completely Agree	
My supervisor provided adequate training.	1	2	3	4	5
My supervisor motivated me to improve myself.	1	2	3	4	5
I received adequate instructions and assistance necessary to accomplish my assigned tasks.	1	2	3	4	5
The work atmosphere allowed me to express my idea or concerns.	1	2	3	4	5
My experience confirmed my career goals.	1	2	3	4	5
My supervisor(s) provided me with enough feedback about the quality of my work.	1	2	3	4	5
Were you able to accomplish all four of your learning objectives?	Yes _____		No _____		
Would you recommend this employer to other students?	Yes _____		No _____		

Please share any additional comments here (use back of sheet if necessary):

