# Work-Based Learning Evaluation for Students

This student evaluation may be used in conjunction with any work-based learning (WBL) experience. The purpose is to reflect on learning in relation to the learning objectives of the work-based learning experience. The information provided is important supporting evidence of student learning that can inform actual work samples to be shared as part of job applications, demonstrations of learning, scholarships, or admission to education or training programs.

Name:

School:       Grade Level:

WBL Coordinator:

Worksite Mentor:       Phone:

Company/Organization:

Address:

City:       State:       Zip:

Type of WBL Experience:       WBL Experience Date(s):

Please identify the goal(s) in your Personalized Learning Plan (PLP) that connect to this WBL experience.

Goal(s):

Connection(s) to WBL:

1. Please explain what you did in your WBL experience. Did your experience meet your objectives? Explain.

2. How did this WBL experience impact your goal(s)? Consider any revisions, updates or additions that may be needed in your PLP as a result of this experience. What might they be?

3. What skills did you enhance because of this WBL experience? Do these skills align with your SU/SD PBGRs and Performance Indicators? If so, which ones?

4. What evidence of learning can you provide and/or demonstrate?

5. What changes do you recommend to the WBL Coordinator about this experience?

6. What recommendations do you have for a student considering this same WBL experience?

7. How does this experience inform your thinking about your career plans?

8. What is your next step in getting more information about this career or other careers that support your goals?

Please complete the following table. Check the appropriate box that corresponds with each statement. Please provide any additional information in the comments section. This information will be used to strengthen and improve the WBL experiences available in school and at the worksite.

| Category | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- |
| I was exposed to a variety of occupational tasks |  |  |  |  |
| The WBL Coordinator and I communicated about my progress, questions, and concerns |  |  |  |  |
| The Worksite Mentor and I communicated about my progress, questions, and concerns |  |  |  |  |
| I was involved in developing my WBL agreement |  |  |  |  |
| I was involved in the development of my WBL training plan |  |  |  |  |

Additional Comments:

Student Signature: Date:

     