



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.

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

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

Table with 5 columns: Statement, Completely Disagree, 2, 3, 4, Completely Agree. Rows include statements like 'My supervisor provided adequate training' and 'Were you able to accomplish all four of your learning objectives?'.

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