

**SCHOOL-TO-WORK/CAREER STUDENT EVALUATION**

Source: Western Washington STW Consortium

**Student Information**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

CAM/Class associated with experience: \_\_\_\_\_ Date \_\_\_\_\_

**Employer/Business Information** (May attach the host's business card)

Contact Person: \_\_\_\_\_ Type of Experience: \_\_\_\_\_

Employer/Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Students: Please answer the following questions to help us evaluate the experience.**

1. Please summarize the duties, learning experiences, etc of the host.
  
  
  
  
  
  
  
  
  
  
2. What specific things did you learn that might help you in your future?
  
  
  
  
  
  
  
  
  
  
3. What do you think are the most important skills necessary for this type of work?
  
  
  
  
  
  
  
  
  
  
4. Would you consider a career in this field? Explain why or why not?
  
  
  
  
  
  
  
  
  
  
5. Rate your overall experience (circle one: 5=excellent; 4=above average; 3=average; 2=below average; 1=poor)  
5      4      3      2      1
  
  
  
  
  
  
  
  
  
  
6. Did you enjoy your School-to-Career experience?    Yes    No      Why or why not?