



Student Workplace Learning Evaluation

Name: _____

Workplace Employer: _____

Dates of Workplace Learning: _____ Total Hours Worked: _____

1. List the main activities undertaken during the workplace learning program :
2. What skills have you gained during this workplace learning program?
3. Did you learn any *new skills* during this workplace learning program?
4. Do you need additional experiences in areas relating to your course?
5. Describe the aspects of your job that gave you the most difficulty :
6. What would you do differently the next time you are on the job?
7. Did you have any injuries while at the workplace?
8. Did you come into contact with any chemicals while at the workplace?
9. Is there any reason we should not send another student to this workplace?