

## EMPLOYER PROGRAM EVALUATION: WORK STATION SUPERVISOR

Circle the appropriate number for each statement.

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1.	I received adequate orientation about the program prior to accepting a student.	5	4	3	2	1
2.	There was sufficient contact made by the off-campus coordinator throughout the placement.	5	4	3	2	1
3.	The program was beneficial to:					
	• the student	5	4	3	2	1
	• the workplace	5	4	3	2	1
	• the community.	5	4	3	2	1
4.	The student exhibited improved work habits as the program progressed.	5	4	3	2	1
5.	The program helps to bridge the gap between school and the world of work.	5	4	3	2	1
6.	I feel that the Off-campus Education Program should be continued.	5	4	3	2	1

Please answer the following questions:

7. What do you see as the strengths of the Off-campus Education Program?

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8. What do you see as the weaknesses of the program?

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9. Was the student adequately prepared for the employment experience?

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10. Would you be prepared to have an off-campus education student in the future? (Provide commentary.)

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11. Please list any recommendations for improving the program.

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Thank you for completing this evaluation. Your feedback is valuable to the organization of future programs.

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Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
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