TO ENABLE FILLABLE FORM - PLEASE DOWNLOAD & SAVE TO COMPUTER

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Term: Fall Winter Spring Summer Year

COOPERATIVE WORK EXPERIENCE STUDENT EVALUATION OF CWE SITE

THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND WILL NOT BE SHARED WITH THE EMPLOYER

Student's Name

Name of CWE Site

Supervisor at CWE Site

Please respond to the following statements about your CWE site during this term. Any additional comments will be appreciated. This information will be used to improve CWE site experiences for you and others in the Cooperative Work Experience Program.

	Always	Usually	Sometimes	Rarely	Never
Provides good supervision?					
Takes time to teach and explain things?					
Provides good orientation to the job?					
Welcomes questions and gives useful answers?					
Provides work with learning value?					
Offers useful suggestions and criticism?					
Maintains organized work environment?					
Connects with my classroom learning?					
Is supportive and encouraging?					
Overall, how satisfied are you with this CWE site? (check one)					
Very satisfied Satisfied Averag	ge 🗌 🗆	oissatisfied	Very Dissatisfied		
Do you have any additional comments or feedback you'd like to share?					
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