



MENDOCINO-LAKE COMMUNITY
COLLEGE DISTRICT
WORK EXPERIENCE PROGRAM EVALUATION

NOTE: *Do not write your name on this evaluation. Fill out and return with your last time card.*

I ENROLLED:

Because it was required	Yes	No
To earn credit towards a certificate or degree	Yes	No
To qualify for financial aid	Yes	No
To earn credits to transfer to another college	Yes	No
To improve myself as an employee	Yes	No

I LEARNED ABOUT THE PROGRAM:

On-campus publications	Yes	No
Off-campus publications	Yes	No
College catalog	Yes	No
Friends	Yes	No
Teachers/Coaches.....	Yes	No
Employer	Yes	No
Counselors	Yes	No
Work Experience Instructor's classroom presentations.....	Yes	No
Other (specify) _____		

MY WORK EXPERIENCE INSTRUCTOR:

My Instructor is: _____

Was she/he available when needed	Yes	No
Made a favorable impression on my employer	Yes	No
Was she/he helpful	Yes	No
I met with my Instructor _____ times and other staff _____ times.		

THE PROGRAM:

Was your enrollment in Work Experience Education valuable or beneficial to you?.....	Yes	No
Do you plan on enrolling in Work Experience Education in the future?.....	Yes	No
After attending orientation, did you understand the program and its requirements?	Yes	No
Was the Student Self-Evaluation helpful in identifying what you accomplished while enrolled in Work Experience Education?.....	Yes	No
Did Work Experience Education contribute to your receiving any increased responsibility or promotions?	Yes	No
As a result of the Work Experience Program, did you receive a salary increase?	Yes	No
As a result of Work Experience Education did you improve communication with your Supervisor concerning your job performance?	Yes	No

What recommendations do you have that would make the program more valuable to you? Please use the back of this form to write your suggestions.