

## Student Feedback on Work Experience and Employer

*To be completed by the student at the end of the work experience.*

*This Feedback form will not be shared with the employer.*

This evaluation provides you with an opportunity to evaluate your work experience including supervision and organization. Your feedback is important, this information is helpful for NSCC when working with employers and considering future work experiences.

Work Experience Information (Mandatory Marked with *)	
*Legal Name:	*Student ID:
Name Used, If not Legal Name:	*Program: *Year of study: First      Second
*Street Address:	*Campus:
*City/Town:	*Employer:
*Postal Code:	*Direct Supervisor:
*Alternate Email:	*Supervisor Email:
*NSCC Email:	*Supervisor Phone:

Feedback						
<p><b>Please rate your experience according to the following criteria by placing a check mark in the appropriate category.</b>  <b>Excellent (5) – Good (4) – Average (3) – Below Average (2) – Very Poor (1) - Not Applicable (N/A)</b></p>						
Criteria/Considerations	(5)	(4)	(3)	(2)	(1)	(N/A)
<b>Category: Training and Communication</b>						
Were your tasks and responsibilities relevant to your experience and education?						
<b>Comments:</b>						
Support and guidance received from Employer/supervisor.						
<b>Comments:</b>						
Support and guidance received from co-workers.						
<b>Comments:</b>						
Was communication clear from your employer?						
<b>Comments:</b>						

Criteria/Considerations	(5)	(4)	(3)	(2)	(1)	(N/A)
<b>Category: Safety</b>						
Did you feel that your cultural background was respected and appreciated in the workplace?						
<b>Comments:</b>						
Did you feel your identity was respected in the workplace?						
<b>Comments:</b>						
Did you feel safe in your workplace?						
<b>Comments:</b>						
Treated as an employee not a student.						
<b>Comments:</b>						
<b>Category: Skills</b>						
Was your employer supportive when developing new skills?						
<b>Comments:</b>						
Opportunity to develop new program related skills.						
<b>Comments:</b>						
Opportunity to develop creativity skills.						
<b>Comments:</b>						
Did you have the opportunity to work independently?						
<b>Comments:</b>						
Did you have the opportunity to create or develop an initiative?						
<b>Comments:</b>						
Opportunity to solve problems:						
<b>Comments:</b>						
Opportunity to develop critical thinking skills:						
<b>Comments:</b>						

**Overall Impressions**

Would you want to work for this organization again? Yes No

Please provide details that support your choice:

Would you recommend the employer to other students in your field? Yes No

Please provide details that support your choice:

Did the work experience meet, exceed, or fall below your expectations? Meet Exceed Fall Below

Please provide details that support your choice:

**Please give your Employer an OVERALL EVALUATION**

Excellent Good Average Below Average Very Poor

**Comments**

Large empty text area for providing comments.

**Completion Date**

Student Name:

Date: