 **CTE Workplace Experience Program  
WORKPLACE EVALUATION**

To be completed by the student at the end of the quarter and end of semester; if enrolled in summer, complete at the end of the summer. The completed, signed form must be submitted to the counselor no later than one week after the end of quarter/semester/summer term ends.

1. What skills have you been using at your workplace?

Click here to enter text.

1. What new skills have you learned?

Click here to enter text.

1. What new things would you like to learn in your job?

Click here to enter text.

1. Describe how you are supervised. For example, who supervises you? How often? How is it done? Do you receive a written evaluation?

Click here to enter text.

1. Describe any problems you have had in your job.

Click here to enter text.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_