



Cooperative Work Experience (CWE)

Student - Evaluation of CWE Experience

Student Name:		STUDENT CWE COURSE INFORMATION			
Student ID:		Term:			
Student Email:		CWE Course #:			
Faculty Name:		CWE Ticket #:			
Company Name:		# of Units:			
Supervisor Name:		# of Hours Worked:			
Supervisor Contact:		CWE Type:	<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid	

IVC is committed to improving and maintaining the quality of Cooperative Work Experience Education Program (CWE). This questionnaire and your feedbacks are vital in determining the effectiveness of this program. Thank you for your response!

	1 = Excellent	2 = Good	3 = Average	4 = Needs Improvement	5 = Poor
My overall CWE experience has been ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My CWE enrollment process was ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance from my instructor in understanding and developing my personal CWE Learning Objectives have been ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My instructor's availability throughout my CWE course has been ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training from my supervisor has been ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time allotted for me to achieve my learning objectives were ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My workstation and the environment at worksite were ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and user friendly of CWE website was ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were you offered PT or FT employment by your CWE Employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you recommend IVC's CWE program to other students and friends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

My main reason for enrolling in this CWE course was:

Are you enrolling in CWE course next semester? Yes No Please explain:

Please share how you learned about the CWE program:

Please share any suggestions or comments you may have to help us improve the CWE program:

Sign and Return: This evaluation form must be returned to your CWE instructor to complete the course.

Student's Signature:		Date:	
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