MARYLAND STATE DEPARTMENT OF EDUCATION

DIVISION OF CAREER AND COLLEGE READINESS

2014 WORK-BASED LEARNING QUESTIONNAIRE

Please PRINT clearly in all **CAPITAL** letters.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

STUDENT QUESTIONS

Student First Name | **MI** | **Gender** ○ Male ○ Female

Grade ○ 10 ○ 11 ○ 12

Student Last Name

Race

- ○ American Indian/ Alaskan Native
- ○ Asian/ Pacific Islander
- ○ African American
- ○ White (not of Hispanic Origin)
- ○ Hispanic

Social Security Number ___ – ___ – ____

Hourly Wage ___.__

Paid/ Unpaid ○ Paid ○ Unpaid

Avg. hrs. per week ___

My employer encouraged me to:	SEVERAL TIMES A WEEK	ONE/ TWICE A WEEK	ONCE A SEMESTER	ONCE A YEAR	NEVER
Develop good work habits	○	○	○	○	○
Develop good customer relations skills	○	○	○	○	○

In my work placement:	YES	NO
Someone taught me how to do the work.	○	○
I observed experienced workers.	○	○

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
What overall rating would you give your work-based learning experience?	○	○	○	○	○

INSTRUCTOR/ WBL COORDINATOR QUESTIONS

Select the Career Cluster of the Placement
***Mark only* ONE**

- ○ Arts, Media & Communication
- ○ Business Management & Finance
- ○ Construction & Development
- ○ Consumer Service, Hospitality & Tourism
- ○ Environmental, Agricultural & Natural Resources
- ○ Health and Biosciences
- ○ Human Resource Services
- ○ Information Technologies
- ○ Manufacturing, Engineering & Technology
- ○ Transportation Technologies

CTE Program CIP Code ____ ____

School Number ____ ____

Select Student Placement Type
***Mark only* ONE**

- ○ Career Research & Development Placement (CIP 860000)
- ○ CTE Work Experience (as part of a CTE program of study)
- ○ Service Learning Experience
- ○ Internship (**NOT** part of or related to the student's CTE program)
- ○ Mentorship
- ○ Other: _____

SAMPLE

PREPARATION FOR PLACEMENT

1. Technical Skills

How well did the student's skills and abilities meet your job requirements in the following areas <u>at the time of placement</u>?

	Exceeded most/ all	Exceeded some	Met minimum	Did not meet some	Did not meet any
A. Knowledge of job duties	○	○	○	○	○
B. Knowledge of technical content/ skills	○	○	○	○	○
C. Accuracy and quality of work	○	○	○	○	○
D. Ability to use equipment	○	○	○	○	○
E. Safe work practices	○	○	○	○	○

2. Workplace Readiness

How well did the student's skills and abilities meet your job requirements in the following areas <u>at the time of placement</u>?

	Exceeded most/ all	Exceeded some	Met minimum	Did not meet some	Did not meet any
A. Adherence to attendance and punctuality policy	○	○	○	○	○
B. Ability to accept supervision	○	○	○	○	○
C. Willingness to take initiative	○	○	○	○	○
D. Use of computational skills	○	○	○	○	○
E. Use of writing skills	○	○	○	○	○
F. Use of oral communication skills	○	○	○	○	○

EXPERIENCE AT THE WORK SITE

3. Use of Skills

How successful was this student in meeting your expectations regarding his/her application of the following skills?

	Exceeded most/ all	Exceeded some	Met all	Did not meet some	Did not meet any
A. Think creatively and critically to make decisions and solve problems	○	○	○	○	○
B. Communicate effectively in a variety of situations	○	○	○	○	○
C. Understand, use, and evaluate technologies for a variety of purposes	○	○	○	○	○
D. Work effectively with others in a variety of situations	○	○	○	○	○

4. Learning New Skills

How quickly did this student learn new skills?

	Learned new skills rapidly	Required some instruction	Required average instruction	Learned new skills slowly	Unable to acquire new skills
A. Math skills	○	○	○	○	○
B. Communication skills	○	○	○	○	○
C. Technical information	○	○	○	○	○
D. Accuracy and quality of work	○	○	○	○	○
E. Ability to use equipment	○	○	○	○	○
F. Safe work practices	○	○	○	○	○

OVERALL

	Above Average	Average	Below Average
A. Overall, how well prepared was this student?	○	○	○
B. How appropriate was the work site placement, given student experience and/or interest?	○	○	○
C. How effective was the coordination process between the school and work site?	○	○	○

Company Name: | | | | | | | | | | | | | | | | | | | | | | | | |

Supervisor Signature:

005

Please PRINT company name clearly in all CAPITAL letters

A B C E D E F G H I J L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

SAMPLE