WLC Teacher @ Work
Business Evaluation Form

Thank you for sharing your time and expertise with a teacher. Please take a moment to complete this evaluation and return to Workplace Learning Connection so that we may continue to improve this program.

Contact Name:__________________________ Business Name__________________________

What type of experience were you able to provide for this teacher? Please explain what tasks you had them complete.

Do you consider this program to be valuable in assisting teachers learn more about the world of work? Please explain why or why not.

How comfortable were you personally with having a teacher at your work site? (Circle one)

Very
Somewhat
Not at all

From your perception, how would you rate the teacher’s experience? (Circle one)

Very Good
Good
Fair
Poor

Would you be interested in learning how your business may host high school students in a one-day job shadowing experience or a 9-week internship? Please provide phone number and/or e-mail below if you are interested.

Do you know of another business or professional that may be interested in learning more about the services offered by Workplace Learning Connection? If so, please include name; phone number and business name.

Thank you again for the time and expertise that you shared with the teacher at your work site. This program exists because of you. Your efforts enhance the workforce of tomorrow today!

Please return to:
Sue Neil, Workplace Learning Connection
1770 Boyson Road Hiawatha IA 52233
Or fax to 319-398-1053

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