

SADDLEBACK COLLEGE

COOPERATIVE WORK EXPERIENCE EDUCATION

Program Evaluation Survey

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Instructor's Name \_\_\_\_\_

It is the intent of this questionnaire to gather some specific data regarding the effectiveness of the Cooperative Work Experience Education Program (CWE). We hope to make the program even more meaningful for our students. Your feedback is vital in improving and maintaining the quality program we now have. **Please complete this form and return it to the ATAS Division office at the end of the semester.** Thank you for your participation.

1. Do you feel that you had the proper help from the staff in the CWE office?

Yes    No  
   

2. At the opening orientation meeting did the Instructor adequately explain the program functions and what is expected of you to maintain your enrollment status?

Yes    No  
   

3. Did your Instructor, work Supervisor or both help you write your objectives?

Instructor    Supervisor    Both  
                       

4. Was the Instructor available to you throughout the semester either in his/her office or by telephone?

Yes    No  
   

5. How many job-site visits did your Instructor make during the semester?

One    Two    More  
       

6. Did your Cooperative Work Experience Education objectives aid you in your learning on the job?

Yes    No

7. Would you encourage other students to enroll in Cooperative Work Experience Education, taking into consideration that the program really contributed to your job/academic enrichment?

Yes    No

  

8. How would you rate your Instructors effectiveness in helping you understand and develop your educational objectives?

Below Average      Average      Above Average      Excellent

                                                                

9. Do you feel that the Instructor established good relationships with your employer so that the employer approved of the program and felt that it was worth his/her participation?

Yes    No

  

Please state briefly any suggestions you may have to help us improve the program.

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Additional comments: \_\_\_\_\_

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Thank you for your participation. Return form to the ATAS Division office in TAS 207.