DISCOVERY EVALUATION FORM – STUDENT

This evaluation is to be completed by the student at the end of the apprenticeship. This form is due to the Discovery Coordinator no later than one week after completion of the project.

Student Name: _______________________________________________

Sponsor: ____________________________________________________

Business or Organization: ______________________________________

Please circle the corresponding number, one being the least/lowest and five being the most/highest.

1. How involved were you in your business/organization?
   1  2  3  4  5

2. Was the apprenticeship a good learning experience for you?
   1  2  3  4  5

3. Please rate your own performance based on the following criteria:
   a. dependability
      1  2  3  4  5
   b. cooperation
      1  2  3  4  5
   c. initiative
      1  2  3  4  5
   d. interest and involvement
      1  2  3  4  5
   e. teamwork
      1  2  3  4  5

4. Please rate your overall Discovery experience:
   1  2  3  4  5

(over)
5. Would you recommend this sponsor and business/organization to another student seeking a Discovery? If not, why not?

6. If anything, what would you change about your apprenticeship if you had the opportunity to do it over again?

Please sign and date:

Student Name: _______________________________ Date: __________________