

Mott Community College Experiential Learning Community Partner Evaluation Form

Community Partner Name _____

What type of experience was it? _____

Please Circle One.

Internship Externship Job Shadow Service-Learning

Approximately how many students
were present? _____

	Yes	No
Were the students prepared?	<input type="checkbox"/>	<input type="checkbox"/>
Did the students behave professionally?	<input type="checkbox"/>	<input type="checkbox"/>
Was the project appropriate for the students' time and the needs of your agency?	<input type="checkbox"/>	<input type="checkbox"/>
Was a faculty member involved in placing the students at your agency?	<input type="checkbox"/>	<input type="checkbox"/>
Was the Office of Professional Development and Experiential Learning useful to this project?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in hosting more Mott students in the future?	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything the faculty can do to make the experience easier and more useful to your agency?

Is there anything the Office of Professional Development and Experiential Learning can do to make the experience easier and more useful to your agency?

Were there any outstanding students at the project? What did they do?

Do you have any suggestions for the Experiential Learning at Mott Community College?

Thank you for your time and participation!