

Work Based Learning Experiences

Student Reflection Form

Tier 2



Name




Date

Work-Based Learning Location and Job Title

Date of Work Based Learning Experience

DIRECTIONS

Select a thumbs up if you agree, a thumbs down if you don't agree, and a question mark if you don't know.

			
1 My job matched my future goals.			
2 I was on time for work.			
3 My supervisor helped by teaching me the job and answering my questions.			
4 I followed the rules and dress code for work.			
5 I worked hard and didn't make mistakes.			
6 I was able to meet new people.			
7 At work, I am a team player.			
8 While at work, I can solve problems by myself.			
9 I really liked my job!			

OPEN ENDED QUESTIONS

1 Name 2 classes that have helped you with your job.

2 What did you do well at your job?

3 What could you improve at your job?

4 What are 2 things you have learned from your job that will help you in your future?

5 Did you have help with your job by using assistive technology (speech device, large print words, etc.)

Yes

No

If so, what did you use?

RRTC

Rehabilitation Research
and Training Center

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