

# TOOLS

## Optional Apprenticeship Evaluation

\_\_\_\_\_ Schools appreciates your feedback and reflection on Apprenticeship experience. This evaluation is designed for all partners in the experience. Please select N/A for any question that is not applicable to you or the type of experience you participated in.

Name: \_\_\_\_\_ School or Organization: \_\_\_\_\_

I am a:  Student  Teacher/Coordinator  Workplace Partner/Supervisor

Please rate the following: 1 = Strongly disagree; 2 = Disagree; 3 = Agree; 4 = Strongly agree

The materials I received were helpful for preparing and supporting the experiences.	1	2	3	4	N/A
The <i>How-to Guides</i> were helpful in planning and coordinating this experience.	1	2	3	4	N/A
found the OKCG Skills activities helpful in guiding my work.	1	2	3	4	N/A
understand how academics connects to activities experienced at the workplace.	1	2	3	4	N/A
Program materials in the toolkit were helpful for preparing and supporting worksite supervisors/partners.	1	2	3	4	N/A
understood my role in working with the teacher.	1	2	3	4	N/A
understood my role in working with the worksite supervisor.	1	2	3	4	N/A
understood my role in working with the student.	1	2	3	4	N/A
received adequate support from the teacher.	1	2	3	4	N/A
received adequate support from the supervisor.	1	2	3	4	N/A
was able to get help from student, teacher and/or supervisor.	1	2	3	4	N/A
was successful in managing my time in all aspects of this experience.	1	2	3	4	N/A
The classroom was used to support reflection of workplace experiences through activities and supportive lessons.	1	2	3	4	N/A
Activities at the workplace were interesting and challenging.	1	2	3	4	N/A
enjoyed this experience and would like to offer/participate in Apprenticeship again.	1	2	3	4	N/A

**Please list the tools, guides, activities and/or lessons that were particularly helpful:**

Additional Comments: