
Student Work Integrated Learning (WIL) Evaluation Form

Student's Name: _____

Instructor's Name: _____

Course Title: _____

Course Code: _____

Supervisor's Name: _____

Work Site Name & Location: _____

In order to maintain and improve the quality of our courses, we need your feedback. Please complete the following questionnaire.

Strongly Agree 1

Agree 2

Disagree 3

Strongly Disagree 4

Not Applicable 5

A. Work Experience

1. The course outline provided an accurate description of the WIL placement. _____
2. The learning objectives were clarified at the start of the WIL placement. _____
3. The WIL placement provided an atmosphere that encouraged learning. _____
4. The WIL placement provided an opportunity to apply relevant skills and knowledge. _____
5. The WIL placement was organized and positive. _____
6. I began this WIL placement with the necessary skills and knowledge to succeed. _____
7. I was able to carry out the tasks I was expected to perform. _____
8. I was very satisfied with this WIL placement. _____
9. I would recommend this WIL placement to others. _____

B. Self-evaluation

10. I am presently doing well in this WIL placement. _____
11. I made every attempt to succeed in this WIL placement. _____
12. I accepted responsibility for my own learning during this WIL placement. _____
13. I contributed as a team member. _____

C. Self-reflection

14. These are the skills and knowledge that I would like to improve on to improve my work performance:

15. These are ways I gained a new perspective on my career from this experience: