



Student's Mid-term Self Evaluation Off-Campus Program

Student Name _____ Job Site _____

Date Completed _____

Part of the off-campus program mark is based on the ability of the student to reflect upon their work experience. Please fill out the following form when you have completed the first fifty hours of your program.

Give a brief description of your job and what you do

List three work tasks that you enjoy doing.

1. _____

2. _____

3. _____

List up to three work tasks which are challenging or difficult for you to perform

1. _____

2. _____

3. _____

Are you interested in pursuing employment in this type of job when you graduate? Why or why not?

Would you recommend this worksite to another student? Why or why not?

Signature of Student