

WORK-BASED LEARNING - FACULTY COORDINATOR ON-SITE VISITATION REPORT

This form is to be completed by the Faculty Coordinator *and* Supervisor during the student's site visit.
If this form is sent electronically: print form, complete and sign, then scan/fax form to faculty.

Date of Visit: _____ Semester: _____ Year: _____

Student Name: _____ Student ID #: _____

Company Name: _____

	Outstanding	Very Good	Average	Below Average	Unsatisfactory
Subject Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progress on MLOs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attitude towards work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance/Punctuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Performance: Outstanding Very Good Average Below Average Unsatisfactory

Comments: _____

Faculty Coordinator Signature

Supervisor Signature (Required)

Faculty Coordinator Name (print)

Supervisor Name (print)