Evaluation of Externship Program for Teachers

Thank you for participating in the externship. In an effort to improve the experience for both educators and the host site/employer, please take the time to complete this form.

Name:_____

School: _____

Host Site/Employer: _____

Date(s):_____ # of Hours: _____

1. I made a strong connection between the externship and subject matter that I teach? Comment:	Disagree Agree 1 2 3 4
2. This experience will help me create an awareness of workplace expectations for my students. Comment:	1 2 3 4
3. I have a better understanding of what academic preparation is required for the occupation(s) observed. Comment:	1 2 3 4
4. I was able to observe workplace skills and knowledge that need to be taught in the classroom.. Comment:	1 2 3 4
5. The information I received from the employer prior to the externship provided an adequate and clear understanding of what to expect. Comment:	1 2 3 4

6. The amount of time I spent as an extern was appropriate. Comment:	1 2 3 4
7. Would you participate in an externship again? Comment:	Yes _____ No _____

8. What suggestions do you have to improve the externship experience?

9. General Comments:

Teacher Signature:	**Date:**