Mott Community College Experiential Learning
Community Partner Evaluation Form

Community Partner Name

What type of experience was it?
Please Circle One.

<table>
<thead>
<tr>
<th>Internship</th>
<th>Externship</th>
<th>Job Shadow</th>
<th>Service-Learning</th>
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</table>

Approximately how many students were present?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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Were the students prepared?

Did the students behave professionally?

Was the project appropriate for the students' time and the needs of your agency?

Was a faculty member involved in placing the students at your agency?

Was the Office of Professional Development and Experiential Learning useful to this project?

Are you interested in hosting more Mott students in the future?

Is there anything the faculty can do to make the experience easier and more useful to your agency?

Is there anything the Office of Professional Development and Experiential Learning can do to make the experience easier and more useful to your agency?

Were there any outstanding students at the project? What did they do?

Do you have any suggestions for the Experiential Learning at Mott Community College?


Thank you for your time and participation!