

# WBL FINAL SURVEY FOR EMPLOYER

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Company Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Name of Student Employed: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

| <b>Rate the following from 1-5, with 1 indicating strong disagreement and 5 indicating strong agreement:</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
|--|----------|----------|----------|----------|----------|
| The WBL program met my expectations.   |          |          |          |          |          |
| The student engaged in a range of job tasks.   |          |          |          |          |          |
| Student gained insight into the career field.  |          |          |          |          |          |
| I would recommend the WBL program to others.   |          |          |          |          |          |

What are the advantages of a WBL program for you as an employer?

What do you think are the advantages of the WBL program for the student?

What can we, the school, do to improve our WBL program for you, for the student, and for the other employers?

**Attach school district Non-Discrimination Statement here**