



Clarkson University
Professional Experience Program
Student Initial Evaluation

Please return: 1 month into experience

Name _____ Job Title _____

Clarkson Email Address _____

Supervisor _____ Phone Number _____

Department _____ Email Address _____

Description of Responsibilities (be specific; include projects, work assignments, reports, hands-on-experience with equipment and interaction with professionals.)

Summarize what you have accomplished to date:

Describe the characteristics of the assignment you find least likely to enhance your growth:

Describe the training provided. Comment on the adequacy of your training.

Are you exposed to noisy machinery, chemicals, or any potential hazards? If yes, are proper precautions, training, and safety equipment provided? Please be very specific if you feel you are in any danger.

How has your transition "out of the office" been? Any issues with relocating? Getting used to the area?

Please indicate the degree to which the following statements describe your experience (5 best, 3 neutral, 1 worst)

5 4 3 2 1 N/A

I am satisfied with my experience

The position matches my expectations

My work supervisor is approachable

My co-workers are approachable

I received adequate training

The quality of work is challenging

The quantity of work is challenging

Work environment is conducive to learning

I am able to apply my education to work

I am academically prepared

How would you rate your work supervisor

Overall rating of your work experience

Additional Comments: