



FAST-TRACK STUDENT PRACTICUM ASSESSMENT

To be completed at the end of the practicum and returned to the Work Experience Coordinator.
The form may be submitted via email as a PDF to work.experience@sait.ca or faxed to 403-210-4523.

This form is worth 25 marks and must be returned to the Work Experience coordinator within 7 days of completing your practicum. You will lose one mark per day if this form is submitted late.

If you need further information on the SAIT Practicum program please contact work.experience@sait.ca or 403-210-5631.

Date: _____

Student Name: _____

I.D. Number: _____ Program: _____

Start Date: _____ End Date: _____

Supervisor: _____

Company: _____

1. Was your supervisor prepared for your arrival? Yes _____ No _____

Was suitable workspace available? Yes _____ No _____

Were the necessary office supplies, manuals, etc. provided? Yes _____ No _____

Was a staff member on hand to greet and introduce you to other members of the work unit? Yes _____ No _____

2. Did your supervisor have a work plan prepared? Yes _____ No _____

3. Briefly describe your responsibilities for the work term: _____

4. Did these responsibilities match the job posting or your expectations gained in the interview discussion?

Yes_____ No_____

If not, how did they differ? _____

5. What kind of training were you given? (i.e. formal training program, orientation, on-the-job training, etc.

6. Did you achieve your learning goals? Yes _____ Not _____

If not why not? _____

6 (a). What resources did you use or what tasks did you complete to achieve your learning goals:

1. _____

2. _____

3. _____

7. Was the work appropriate to your academic level?

Yes___ No___

8. Were your skills effectively utilized?

Yes___ No___

9. What problems came up that you felt unprepared to handle?

10. Did the work term help your interpersonal and/or technical development?

Yes___ No___

Comments: _____

11. In what other ways was this position meaningful to your personal/professional development?

12. Was your supervisor available when you needed help? Yes____ No____

13. Did you get feedback on an ongoing basis? Yes____ No____

14. Was the supervision given appropriate to the responsibility level assigned? Yes____ No____

15. Can you suggest any improvements regarding supervision?

16. Did you meet with a work experience coordinator or an Instructor during your work term? Yes____ No____

17. What purpose did that meeting fill?

18. What improvements would you suggest for future onsite visits?

19. Would you recommend this company for future work terms? Yes____ No____

20. Would you be interested in employment with this company? Yes____ No____

Why or Why not? _____

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