

Student Site Visit Feedback Form

Student Name:

Start Date:

Company Name:

Job Title:

End Date:

Program:

Supervisor:

Day-to-Day: Description of work environment, daily duties—what kinds of projects are you working on in your role?	
Feedback: What feedback do you have about your experience so far? Is the job as described? Is it meeting your expectations?	
Value of Placement: How do you feel this experience has helped you? What technical skills have you used/developed so far? What course(s) has helped you the most?	
Learning Objectives: Are you meeting your learning objectives (as per ILP assignment) so far? Are you submitting your work term assignments?	
Challenges: What have you found to be the most challenging in your position?	
Program Recommendations: Do you have any suggestions or recommendations for your program and/or WIL?	
Future Plans: What are your future plans for next semester?	
Additional Details/Notes/Feedback: Please feel free to include.	

