



SADDLEBACK COLLEGE

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Cooperative Work Experience (CWE) Student Program Evaluation Survey

Student's Name:		Student ID:	
CWE Instructor's Name:		CWE Ticket # enrolled in:	

It is the intent of this questionnaire to gather some specific data regarding the effectiveness of the Cooperative Work Experience Education Program (CWE). We hope to make the program even more meaningful for our students. Your feedback is vital in improving and maintaining the quality of this program.

Please complete this form and return it to your CWE Instructor at the end of the semester:

1. Was the CWE website informative and user friendly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were there any difficulties in enrolling/exiting the CWE program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. At the first initial meeting did the Instructor adequately explain the program functions and what is expected of you to maintain your enrollment status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Was the Instructor available to you throughout the semester either in his/her office or by telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did your Cooperative Work Experience Education objectives aid you in your learning on the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Would you encourage other students to enroll in Cooperative Work Experience Education, taking into consideration that the program really contributed to your job/academic enrichment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How would you rate your Instructors effectiveness in helping you understand and develop your educational objectives?	<input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Excellent

8. Please state briefly any suggestions you may have to help us improve the CWE program:

Signatures

Student's Signature:		Date:	
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