**Dual Enrollment Work-Based Course Employer Feedback Survey**

Business/Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your agreement with the following statements by placing an X on the boxes below, from “Do Not Agree” to “Strongly Agree.”**

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| **Statement** | **Do Not Agree** | **Agree Somewhat** | **Agree** | **Strongly Agree** | **Not Applicable** |
| I received adequate information about the course’s goals, structure, and expectations before engaging with students. |  |  |  |  |  |
| Interactions with the classroom teacher and other school personnel were helpful and productive. |  |  |  |  |  |
| The time commitment was reasonable and as expected while planning for the course. |  |  |  |  |  |
| The instructor showed an interest in helping students learn. |  |  |  |  |  |
| Students were prepared for the work-based expectations of this course. |  |  |  |  |  |
| I see the value for employers in co-teaching these courses. |  |  |  |  |  |
| I am interested in continuing to partner with **(school)** on more of these courses. |  |  |  |  |  |

**Please explain which aspects of the work-based course opportunity could be improved.** *(Example: coordination with the high school, scheduling, etc.*)

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**Please explain which aspects of the course opportunity were the most valuable to you.** (*Example: building relationships with students, establishing stronger partnerships with local schools, etc.*)

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**Please include any additional comments or questions below.**

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