

## Evaluation Form for the Work Experience Programme

Name of Organisation/Company : \_\_\_\_\_

Duration of the Work Experience : \_\_\_\_\_

	Strongly agree	Strongly disagree
1. The activity meets our expectations.	①	⑤
2. The duration of the activity is appropriate.	①	⑤
3. The participating students can help the operations of my organization/company.	①	⑤
4. The attitude of the participating students is good.	①	⑤
5. The activity enhances our understanding of the young people.	①	⑤
6. The activity helps us plan the training strategy of the young colleagues.	①	⑤
7. Our suggestions on this work experience programme are:		
8. Our organization/company <b>*will / will not</b> consider organising the work experience programme in future. Reasons:		
9. Other opinions:		

Liaison person of the organisation/company

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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