



Mt. San Antonio College
Work Experience Education

Midterm Assessment
(To be Completed by Professor)

Student ID# A: _____

Student Name: _____ Date of Evaluation: _____
Last name first name

Company Name: _____

Work Site Supervisor: _____

WORK Experience Course Title: _____

Work Experience Course Professor: _____

CRN: _____ Units:(Check One)
1 UNIT 2 UNITS 3 UNITS 4 UNITS
60 non-paid or 75 paid 120 non-paid or 150 paid 180 non-paid or 225 paid 240 non-paid or 300 paid
Unit selected needs to match General Information Form

Record of Work Site Visit (Must Meet With Work Site Supervisor)

In person required if work site is less than 15 miles from Mt. SAC and has not been visited within 18months

Method (check one):

- In person site visit OR Alternate to in-person site visit conducted via: (if greater than 15 miles)
Phone Email Video conference

Date of last Site Visit/ Evaluation: _____

Note: General working environment: _____

Safety conditions: _____

Supervision: _____

Other factors: _____

Work Site Supervisor's opinion of student progress: _____

Faculty assessment of student strengths: _____

Faculty suggestions for improving performance: _____

Faculty Consultation with Student

Date of mid-review consultation: _____ **Method (check one):** In-person meeting Video conference

Notes/Remarks:

If you have additional meetings with the student please include the date of the meeting in your notes below.

PROFESSOR'S SIGNATURE: _____ DATE: _____

Total number of hours needed for semester: _____

For your Reference

<u>1 unit</u>	<u>2 units</u>	<u>3 units</u>	<u>4 units</u>
<small>60 non-paid or 75 paid</small>	<small>120 non-paid or 150 paid</small>	<small>180 non-paid or 225 paid</small>	<small>240 non-paid or 300 paid</small>

Total number of hours completed at Mid-Term Assessment: _____