



# 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)

<b>1 UNIT</b>	<b>2 UNITS</b>	<b>3 UNITS</b>	<b>4 UNITS</b>
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

<u>DATE OF CONTACT</u>	<u>PURPOSE</u>	<u>NOTES/REMARKS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>
60 non-paid or 75 paid	120 non-paid or 150 paid	180 non-paid or 225 paid	240 non-paid or 300 paid

Total number of hours completed at Mid-Term Assessment: \_\_\_\_\_