



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

WE/Internship Site Name: _____

WE/Internship Site Supervisor: _____

WE/Internship Course Title: _____

WE/Internship Course Professor: _____

CRN: _____

Units:(Check One)

1 UNIT	2 UNITS	3 UNITS	4 UNITS
54-107 hours	108-161 hours	162-215 hours	216-269 hours

Unit selected needs to match General Information Form

Record of Visit/Consultation with WE/Internship Site Supervisor

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

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:

General working environment (check all that apply): On-site Virtual In-field

Safety conditions: No concerns Concerns addressed: _____

Supervision (check all that apply): In-person Virtual

WE/Internship supervisor's opinion of student's progress:

Faculty Consultation with Student

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

Discussion with student regarding progress, hours completed, strengths and areas for improvement:

Professor Signature: _____ Date: _____

Total number of hours needed for term: _____

For your reference:

1 unit	2 units	3 units	4 units
54-107 hours	108-161 hours	162-215 hours	216-269 hours

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