



## Student Survey

### Instructions:

This survey asks about your Career Related Learning Experience (CRLE). Please circle your answer, or fill in the blank where indicated. Please also share any other thoughts you may have about your experience on the back of this paper.

Thank you.

**1. What school do you attend and what grade are you in?**

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**2. Which type of CRLE did you do?**

Job Shadow

Mock Interview

Internship

Senior Project

**3. Did you complete the experience?**

Yes

No

**4. On a scale of 1-5, 1 being least and 5 being most, how satisfied were you with the experience?**

1

2

3

4

5

**5. On a scale of 1-5, 1 being least and 5 being most, how prepared was the employer?**

1

2

3

4

5

**6. On a scale of 1-5, 1 being least and 5 being most, how much would you say you learned?**

1

2

3

4

5

**7. I would recommend the experience to others?**

Yes

No

**If No, why not?**