

VIRTUAL WORKPLACE EXPERIENCES IN-FIELD EXPERIENCE: EVALUATION

Name:	Date:
Activity: Day on the Job or Volunteer	Location / Business Name or Organization
1. What type of work did you observe?	
2. What did you like best about your experience?	
3. What did you like least about your experience?	
4. What do you think was the most important thing you learned?	
5. Will you consider a career in this field? Why or why not?	