

Student's CFE Post-Employment Survey

Please complete this survey and return it to the teacher/CFE facilitator.

Name: _____ Date: _____

Employment Site: _____ Position: _____

1. Were your expectations for your CFE met? Yes No

Please explain:

2. What skills did you develop or improve through your employment?

3. What did you learn about your CFE's professional field?

4. Would you recommend a CFE to other students? Yes No

Please explain:

5. How could this employment experience have been improved?

Student's Signature: _____

Thank you for your feedback!