

Career Related Learning Experience (CRLE) Form



Name: _____ ID# : _____ Grade Level: _____

Name of Advisory Teacher: _____

<p>What type of activity did you complete (check one)?</p> <ul style="list-style-type: none"><input type="checkbox"/> Career Event (half or full day event)<input type="checkbox"/> Career Fair<input type="checkbox"/> Guest Speaker<input type="checkbox"/> Informational Interview<input type="checkbox"/> Internship<input type="checkbox"/> Job Shadow<input type="checkbox"/> Other: _____	<p>Please list the date and location of the activity below.</p> <p>Date: _____</p> <p>Location: _____ _____ _____ _____</p>										
<p>On a scale of 1-5, how would you rate this activity overall? (Circle your answer below.)</p> <table border="0" style="width: 100%;"><tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td></tr><tr><td>Poor</td><td></td><td></td><td></td><td>Great</td></tr></table>		1	2	3	4	5	Poor				Great
1	2	3	4	5							
Poor				Great							
<p>What did you learn from this activity about careers and the working world?</p> 											
<p>What did you learn about how education is connected to the career(s) in this activity?</p> 											
<p>What did you learn from this activity that could impact or change your Career Goals?</p> 											

Parent/Guardian or Activity Supervisor Signature: _____