

Work-Based Learning Tracking Rubric

What is your career major (program)? _____

Check Type:

Clinicals Field Trip Industry Work Experience Job Shadowing Service Learning

Company/Organization Name: _____

Dates of WBL: _____ How Many Hours WBL Completed? _____

Company/Organization Contact Name: _____

★ Please attach any feedback or evaluation documents from the WBL experience to your portfolio. ★

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