Iowa Workforce Development

Project-Based Learning Feedback Form

Project Title: _____
Organization/Team: _____
Date:_____

SECTION 1: PARTICIPANT FEEDBACK

(To be completed by the learner)

1. **Overall Experience**
   What aspects of this project supported your learning and skill development? ____
   _____

2. **Challenges & Growth**
   What challenges did you encounter, and how did you address them?_____
   _____

3. **Skills Gained**
   What workplace skills (communication, problem solving, teamwork, etc.) improved through this project?_____
   _____

4. **Suggestions for Improvement**
   What changes could enhance future project-based learning experiences? _____
   _____
   _____

SECTION 2: MENTOR/SUPERVISOR FEEDBACK

1. **Project Impact**
   How did the participant's work contribute to team goals or workplace operations?
   _____

2. **Recommendations for Future Experiences**
   What could be improved in the structure, support, or expectations of future project-based learning? _____
   _____