**Quality Assurance for Experiential Learning Activities**

At Concordia University we aim to provide students with a positive learning experience that will lead to optimal learning outcomes. Setting the standard of practice is important and assessing the student experience is crucial to our success.

The best way to ensure that your experiential learning activity is carried out to the highest possible standard is to carry out routine quality assurance management practices. In delivering support and services to our students, we should aim to prevent issues from arising and to identify any issues that have arisen that could impact the student’s success. Below is an example of a quality assurance process for an internship program where an online survey is administered both to students and to the supervisor at the host organization, at three intervals: before, during and after the internship experience. This can be modified for any experiential learning program.

**Quality Assurance Standards**

Before designing your quality assurance measurement tool (a survey is simple enough), it’s important to clearly define an acceptable level of quality for the delivery of the support for the student experience. These are expressed as objectives that you hope to achieve through the implementation of your experiential learning activity. Below is a list of objectives that will be measured using the three surveys that appear in the next section.

**Student Assessment QA Standards/Objectives**

|  |  |
| --- | --- |
| **Objective**  | **Measurable Acceptable Standard**  |
| 1. Ensure student satisfaction with the overall program.
 | Student rating of 80%+ out of 100%  |
| 1. Ensure student receives the support they need from the internship coordinator/program.
 | Student rating of 80%+ out of 100%  |
| 1. Ensure the student’s internship is relevant to their program of study.
 | Student rating of 80%+ out of 100%  |
| 1. Ensure the student’s internship is within the scope of the internship agreement.
 | Student rating of 80%+ out of 100%  |
| 1. Increase the student’s level of confidence in being successful in their internship experience.
 | 1. 80%+ out of 100%
2. An increase of 10% by the end of the internship
 |
| 1. Identify the transferable skills the students have developed as a result of the internship experience.
 | Students will identify 5 transferable skills  |
| 1. Ensure that students develop the capacity for self-advocacy.
 | Students will reflect on their needs and indicate intention to share these with their supervisors.  |
| 1. Ensure student performance in these key areas:
2. Communication
3. Professionalism
4. Teamwork
5. Commitment
6. Overall performance
 | Student rating of 80%+ out of 100%  |
| 1. Ensure the supervisor’s performance in these key areas:
2. Communication
3. Professionalism
4. Teamwork
5. Commitment
6. Overall performance
 | Student rating of 80%+ out of 100%  |

If your activity involves an external partner, like a host organization for an internship, you may choose to also ensure the quality of the main contact/on-site supervisor’s experience as part of the relationship building process.

**Host Organization Assessment**

|  |  |
| --- | --- |
| **Objective**  | **Measurable Acceptable Standard**  |
| 1. Ensure host organization satisfaction with the overall program.
 | Host rating of 80%+ out of 100%  |
| 1. Ensure the host organization receives the support that they need from the internship coordinator/program.
 | Host rating of 80%+ out of 100%  |
| 1. Ensure the host organization supports the student through the experience by:
2. Creating an onboarding plan
3. Scheduling check-in sessions with the student
4. Listing all the support resources and processes they will provide
 | Host will provide detailed plan at the beginning and reflect on their success in integrating the student.  |
| 1. Ensure student performance in these key areas:
2. Communication
3. Professionalism
4. Teamwork
5. Commitment
6. Overall performance
 | Host rating of 80%+ out of 100% and indicating intention to invite another student from the program in the future.  |
| 1. Ensure the host provides formal feedback to the student.
 | 3 positive comments, 1 area of improvement midway through the experience.  |
| 1. Identify the transferable skills the students have developed as a result of the internship experience.
 | Hosts will identify 5 transferable skills  |

**Student Assessment #1: Pre-Internship Preparation**

This self-assessment has two parts:

1. Personal: how are you feeling about this experience?
2. Employment questions: how do you like to work?

It should take you about 15 minutes to complete.

A copy of your responses will be sent to you by email. Your responses are completely confidential, and they are used by the Experiential Learning office only.

1. Email address
2. Student's Name
3. Host Organization's Name
4. On site Supervisor's Name

**Personal assessment**

1. How confident are you in your ability to be successful at your internship?
	1. I am confident that I can do this.
	2. I am somewhat confident, but I think I need more time or experience to be successful.
	3. I am somewhat confident, but I need more support to be successful.
	4. I am not confident.
2. Rate your confidence on a scale from 1-10

Low 1 2 3 4 5 6 7 8 9 10 High

**Questions about how you work**

These are questions about how you work. We encourage you to share these answers with your on-site supervisor at the internship host organization. A copy will be sent to you by email when you've submitted your responses.

1. What do you do to recharge outside of work/school?
2. What is important to you in a work atmosphere? (Since the internship is virtual, what would make this a good experience for you?)
3. How do you like to communicate?
4. How do you like to receive feedback on your performance? (ex. verbally/in person, written/by email, publicly, privately, directly, gently, etc.) \*
5. What motivates you?
6. What frustrates you?
7. How do you like to be recognized for your work?
8. What's on your bucket list?

**Goal­setting & Reflection**

Please complete the goal-setting exercises on this form and submit it by email within 48 hours to experiential.learning@concordia.ca

You can download the goal-setting activity (MS Word file) found at the bottom of the webpage:

<https://www.concordia.ca/academics/experiential-learning/students.html>

1. Have you completed your goal-setting exercise before the internship? \*
	1. Yes, and I have submitted it by email to the Experiential Learning Office.
	2. Not yet, but I will complete it and submit it within 48 hours.

**Student Assessment #2: Mid-Internship Check-In**

This assessment has two parts:

1. Personal: an assessment of your own performance.
2. Internship experience: an assessment of the internship itself.

It should take you about 15 minutes to complete. A copy of your responses will be sent to you by email. Your responses are completely confidential and they are used by the Experiential Learning office only. We will not share this information with your supervisor.

\* Required

1. Email address \*
2. Student's Name
3. Host Organization's Name
4. On site Supervisor's Name

**Personal Assessment**

Your responses are completely confidential and they are used by the Experiential Learning office only.

1. How confident are you in your ability to be successful at your internship?
	1. I am confident that I can do this.
	2. I am somewhat confident, but I think I need more time or experience to be successful.
	3. I am somewhat confident, but I need more support to be successful.
	4. I am not confident.
2. Rate your confidence on a scale from 1-10

Low 1 2 3 4 5 6 7 8 9 10 High

1. Please rate your performance to date for each category below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I'm doing well. | I'm doing ok. | I could do better. | Not applicable. |
| Communication | X | X | X | X |
| Professionalism | X | X | X | X |
| Teamwork | X | X | X | X |
| Commitment | X | X | X | X |
| Overall performance | X | X | X | X |

1. Do you have additional comments about your performance? (Ex. is there something you're proud of, something you would do differently if you had the chance, etc.)

**Internship Experience**

Please answer honestly. We won't share your answers with your supervisor, but if this isn't the right fit, we will follow-up with you to make a decision together about the next steps.

1. Have you shared any of the information below with your supervisor? Select all that apply.
	1. I've shared information about how Ilike to work after completing the first assessment.
	2. I've shared a goal(s) from my goal-setting document.
	3. I haven't shared anything.
2. Please rate your SUPERVISOR's performance to date for each category below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | They’re doing well. | They’re doing ok. | They could do better. | Not applicable. |
| Communication | X | X | X | X |
| Professionalism | X | X | X | X |
| Teamwork | X | X | X | X |
| Commitment | X | X | X | X |
| Overall performance | X | X | X | X |

1. Do you have additional comments about your SUPERVISOR's performance?
2. Are your tasks within the scope of the internship as outlined in the agreement/job description?
	1. Yes
	2. Somewhat
	3. No
3. Do you see a clear connection between your tasks and your program of study?
	1. Yes
	2. Somewhat
	3. No

**Support from the EL Office: Help us do better!**

1. How would you describe the support that you've received from the Experiential Learning (EL) Office?
2. It's great!
3. lt's ok.
4. It could be better.
5. Is there any additional support that you need to be successful? How can we better support you?

**Goal­ setting & Reflection**

Please reflect on the goals that you've set for yourself at the beginning of the internship. Refer to your goal-setting document and complete the "During the Internship" column.

Please email the new version within 48 hours to experiential.learning.@concordia.ca

**Student Assessment #3: Closing the internship experience**

This assessment has two parts:

1. Personal: an assessment of your own performance.
2. Internship experience: an assessment of the internship itself.

It should take you about 15 minutes to complete.

A copy of your responses will be sent to you by email. Your responses are completely confidential and they are used by the Experiential Learning office only.We will not share this information with your supervisor.

\* Required

1. Email address \*
2. Student's Name
3. Host Organization's Name
4. On site Supervisor's Name

**Personal Assessment**

Your responses are completely confidential and they are used by the Experiential Learning office only.

1. How confident are you now that you have completed the internship?
	1. I did it! I'm confident that I can do it again.
	2. I'm somewhat confident, but I'll need more time or experience to be successful
	3. I am somewhat confident, but I'll need more support to be successful.
	4. I am not confident.
2. Rate your confidence on a scale from 1-10.

Low 1 2 3 4 5 6 7 8 9 10 High

1. Please rate your performance to date for each category below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I'm doing well. | I'm doing ok. | I could do better. | Not applicable. |
| Communication | X | X | X | X |
| Professionalism | X | X | X | X |
| Teamwork | X | X | X | X |
| Commitment | X | X | X | X |
| Overall performance | X | X | X | X |

1. Do you have additional comments about your performance? (Ex. is there something you're proud of, something you would do differently if you had the chance, etc.)
2. What are the top 5 transferable skills you've developed as a result of your internship experience? Select 5 skills from the list below.
* Reflection & self-awareness
* Empathy
* Global and cultural awareness
* Judgment and decision-making
* Creativity
* Critical thinking
* Complex problem solving
* Communication 0Writing
* Active listening
* Public speaking
* Conflict resolution
* Social perceptiveness (awareness of others' reactions and understanding why they react as they do)
* Negotiation
* Persuasion
* Teamwork and collaboration
* Leadership
* Coordination
* Monitoring
* Instructing others
* Time management
* Project management
* Other

**Internship Experience**

Please answer honestly. We won't share your answers with your supervisor, but if this isn't the right fit, we will follow-up with you to make a decision together about the next steps.

1. Please rate your SUPERVISOR's performance to date for each category below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | They’re doing well. | They’re doing ok. | They could do better. | Not applicable. |
| Communication | X | X | X | X |
| Professionalism | X | X | X | X |
| Teamwork | X | X | X | X |
| Commitment | X | X | X | X |
| Overall performance | X | X | X | X |

1. Do you have additional comments about your SUPERVISOR's performance?
2. Were your tasks within the scope of the internship as outlined in the agreement/job description?
	1. Yes
	2. Somewhat
	3. No
3. Did you see a clear connection between your tasks and your program of study?
	1. Yes
	2. Somewhat
	3. No

**Support from the EL Office: Help us do better!**

1. How would you describe the support that you've received from the Experiential Learning (EL) Office?
	1. It's great!
	2. lt's ok.
	3. It could be better.
2. Is there anything we can do to improve the student experience for future BTO participants?
3. How would you describe your overall experience in the BTO internship program?
	1. It's been great
	2. It's been ok
	3. It could have been better

**Goal­ setting & Reflection**

You've come a long way since the first day of your internship. Take a moment to reflect on the goals that you've set for yourself. Refer to your goal-setting document and complete the "During the Internship" column. Please email the updated version within 48 hours to experiential.learning@concordia.ca

**Host Organization Assessment #1: Pre-internship Preparation**

As you prepare to welcome the student into your organization, please consider the following questions. Let us know what your plans are by entering your responses below. This should take 10-15 minutes to complete and a copy of your responses will be sent to your email address.

Thank you.

1. Email address
2. Host Organization's Name
3. On-site Supervisor 's Name
4. lntern's Name
5. How will you integrate the student into the organization? (ex. Describe your plans for the Onboarding process, First-day orientation, Outline of clear expectations and goals, Introduction to other staff, Outline of working procedures, Preparation of a checklist of weekly tasks, Explanation of health and safety in the working place, etc.)
6. How will you support the student in their role? (ex. Training on software, Communication Plan, Scheduled feedback sessions, etc.)
7. Please provide a plan to connect with students regularly. This is even more important for virtual internships. You really can't check in enough with a virtual intern! (ex. Daily check-ins, Weekly briefings with staff, etc.)
8. How will the student benefit from the experience in your organization?
9. How will your organization benefit from the student joining your team?

**Host Organization Assessment #2: Mid-Internship Check-In**

It's been a few weeks since you've welcomed the student to your organization, and we're checking in on the student's performance. Please take 10 minutes to complete the assessment below. A copy of this feedback will be sent to you by email.

Thank you.

1. Email address
2. Host Organization's Name
3. On-site Supervisor 's Name
4. lntern's Name
5. Please rate the student's performance for each category below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | They’re doing well. | They’re doing ok. | They could do better. | Not applicable. |
| Communication | X | X | X | X |
| Professionalism | X | X | X | X |
| Teamwork | X | X | X | X |
| Commitment | X | X | X | X |
| Overall performance | X | X | X | X |

**Giving Feedback: 3 + 1 Rule**

When giving feedback to the student on their performance, provide 3 positive comments and focus on 1 area of improvement.

1. What are 3 things the student is doing well?
2. What is 1 thing they could be doing better? How could they improve?

We encourage you to share the 3 + 1 feedback above with the student. If you have any serious concerns about the student's performance, please contact the EL Office right away to discuss this. We will work collaboratively with you to find a solution.

1. How would you describe the support that you've received from the Experiential Learning (EL) Office?
	1. It's been great
	2. It's been ok
	3. It could have been better

**Host Organization Assessment #3: Closing the internship experience**

We have reached the end of the internship experience and we're following up on the student's performance. Please take 10 minutes to complete the assessment below. A copy of this feedback will be sent to you by email.

Thank you for the great care that you took in guiding and support our students.

1. Email address
2. Host Organization's Name
3. On-site Supervisor 's Name
4. lntern's Name
5. Please enter the number of hours completed by the student.
6. Please rate the student's performance for each category below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | They’re doing well. | They’re doing ok. | They could do better. | Not applicable. |
| Communication | X | X | X | X |
| Professionalism | X | X | X | X |
| Teamwork | X | X | X | X |
| Commitment | X | X | X | X |
| Overall performance | X | X | X | X |

1. How has the student benefited from the experience in your organization?
2. Which skills did the student develop during the internship? Select 5 skills.
* Reflection
* Self-awareness
* Empathy
* Global and cultural awareness
* Judgment and decision-making
* Creativity
* Critical thinking
* Complex problem solving
* Communication
* Writing
* Active listening
* Public speaking
* Conflict resolution
* Social perceptiveness
* Negotiation
* Persuasion
* Teamwork and collaboration
* Leadership D Coordination D Monitoring
* Instructing others
* Time management
* Material resource management
* Financial resource management
* Project management
* Other
1. How well did you integrate the student into the organization and in their role?
	1. I did this well. The student was fully integrated.
	2. I did this satisfactorily. The student was mostly integrated.
	3. I could have done better. The student was not sufficiently integrated.
2. What would you do differently next time?
3. How has your organization benefited from the student joining your team?
4. How would you describe the support that you've received from the Experiential Learning (EL) Office?
	1. It's been great
	2. It's been ok
	3. It could have been better
5. Would you like to invite another student from the Beat the Odds program to work with you?
	1. Yes
	2. No
6. Please explain why.