

Employer's Evaluation of Work Experience Student

Student Name:	
Employer:	
School:	
Period of Work Experience:	From (date) to (date)
Job Description:	

(Please tick the box that best indicates your opinion of the student's performance)

	Pleasing	Satisfactory	Area for Development	Unable to comment
General Attitude				
Attendance and punctuality				
Communication with co-workers				
Communication with clients				
Ability to work independently				
Persistence with set tasks				
Response to directions				
Willingness to learn				
Initiative				
Awareness of safety protocols				

What type of work did this student undertake? _____

Do you think they are suited to a career in this area? [YES / NO]

Comments: _____

Date:	Date:	Date:	Date:	Date:
Times:	Times:	Times:	Times:	Times:

Signed: _____ (Host Employer)

Signed: _____ (Student)

Signed: _____ (Careers Adviser)