

# Employer's Evaluation of Work Experience Student



Student \_\_\_\_\_ Period of Work .... / .... / 20... - . / .... / 20...

Employer/Business Name \_\_\_\_\_

Job Description \_\_\_\_\_

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

	Professional	Satisfactory	Room for improvement	Unable to assess
General attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance and dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence with set tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitting into the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What type of work did this student undertake? \_\_\_\_\_

Do you think this student is suited to a career in this area? ☐ Yes / ☐ No

Comments \_\_\_\_\_

Hours completed: Please record the total hours, the student participated in Work Experience:

Start Date:	End Date:	Total Hours:

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
(Work Supervisor) (KPBSD Student)