

WORK EXPERIENCE Employer Assessment

Name of Student:

Name of Company:

School: Date of Placement:.....

Your co-operation in completing this report is much appreciated. The information is invaluable to both students and teachers in assessing how students have coped with work experience.

The form should be returned to the student at the end of the placement or sent directly to the school.

Attendance	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Attendance	DAY 6		DAY 7		DAY 8		DAY 9		DAY 10	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Please circle the appropriate statement below

Interest	Very keen	Keen	Average interest	Not very interested
Application	Oustanding	Good effort	Consistent	Does not try
Conduct/Politeness	Exemplary	Good	Requires improvement	Not very interested
Learning Ability	Rapid	Fairly quick	Learns slowly	Very slow
Communication	Excellent	Good	Fair	Poor
Observation /Listening	Very attentive	Attentive	Not attentive	Has difficulty
Relationship with Workmates	Very popular	Relates well	Has difficulty	Withdrawn
Initiative	Excellent	Good	Fair	Limited
Timekeeping	Excellent	Good	Fair	Poor

Any other comments:

.....

.....

.....

Name:..... Signature:

Position in organisation..... Date: