

Employer Assessment

Name of Student:

Name of Organisation:

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 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 rate the appropriate statements below as follows (1 - Very Good, 5 - Needs Improvement):

STATEMENT	RATING 1-5	COMMENTS
Timekeeping	1 2 3 4 5	
Enthusiasm for the work	1 2 3 4 5	
Ability to solve problems	1 2 3 4 5	
Ability to follow instructions	1 2 3 4 5	
Ability to communicate	1 2 3 4 5	
Ability to work with others: conduct, politeness	1 2 3 4 5	
Work ethic: attitude, motivation, taking responsibility	1 2 3 4 5	

Overall Assessment:

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Name: Signature:

Position in organisation: Date: