

WALLINGTON HIGH SCHOOL FOR GIRLS

WORK EXPERIENCE - EMPLOYER EVALUATION FORM

Please ask your employer/supervisor to spend a few minutes to complete this form and then give feedback to you at the end of your placement. Thank you

NAME OF STUDENT:		FORM 12	NAME OF COMPANY	
TYPE OF PLACEMENT:			NAME OF SUPERVISOR:	

Tick any applicable

QUALITIES/SKILLS	BRILLIANT	GOOD	SATISFACTORY	NEEDS IMPROVING	COMMENTS
Attendance					
Time Keeping					
Initiative					
Presentation & Appearance					
Time-Management of Projects					
Research					
Problem-Solving & Decision-Making					
Communication to others					
Communication from others					
Information Technology					
Numeracy					
Leadership Skills					
Additional Comments; (Please continue overleaf if necessary)					
SIGNED EMPLOYER:			SIGNED STUDENT		DATE: