

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
TYPE OF PLACEMENT:		

NAME OF COMPANY	
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:	
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