

CAREER PROGRAMS

STUDENT'S WORK EXPERIENCE PERFORMANCE EVALUATION

Student: _____ Program: _____
 School: _____ Advisor: _____
 Phone #: _____ Fax #: _____
 Company: _____ Supervisor: _____
 Phone #: _____ Fax #: _____

EMPLOYERS: Please evaluate this student as you would an **entry-level employee** in your work place.
 This evaluation form will significantly influence the mark the student will receive for their work experiences. **Please make every effort to discuss this evaluation with the student.**

ENTRY-LEVEL EMPLOYABILITY SKILLS	ALWAYS	USUALLY	SOMETIMES	SELDOM	NOT APPLICABLE
the student shows a positive attitude and is enthusiastic to learn and participate					
the student shows a willingness to take initiative					
the student is cooperative and works well with others					
the student is sensitive and considerate towards others					
the student is honest and respects confidentiality					
the student accepts constructive criticism and changes behaviour accordingly					
the student is attentive, listens and follows directions					
the student speaks clearly and audibly					
the student asks appropriate questions, and can articulate thoughts or ideas					
the student writes clearly and concisely with few errors					
the student shows an ability to concentrate on the tasks assigned					
the student completes projects and assignments accurately and within time lines					
the student is able to use the technology specific to the workplace					
the student is dressed and groomed appropriately for the job					
the student observes the company's safety rules and regulations					
the student abides by company policies related to break times and hours of work					
the student makes a positive contribution to the workplace / community					

Please comment on the student's overall attitude and performance:

Overall attitude: Excellent Good Fair Poor
 Overall rating: A B C F

Number of days late: _____ Reason: _____

Number of days absent: _____ Reason: _____

Has this evaluation been discussed with the student? YES NO

Student's signature: _____	Date: _____
Supervisor's signature: _____	