

**Employer Work Experience Evaluation Form**  
*Please return this directly to student or WEE Coordinator*

Student's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Please check the box that best describes your assessment of the student's performance in the various aspects of Work Experience.

<b>Courtesy</b>	<input type="checkbox"/>	Very Polite & Well Mannered	<input type="checkbox"/>	Reasonably Polite	<input type="checkbox"/>	Impolite
<b>Punctuality</b>	<input type="checkbox"/>	Arrives on time	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Always Late
<b>Cooperation</b>	<input type="checkbox"/>	Creates a pleasing impression	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Difficult to work with
<b>Reaction to Criticism</b>	<input type="checkbox"/>	Reacts positively	<input type="checkbox"/>	Doesn't seem to care	<input type="checkbox"/>	Dislikes criticism
<b>Neatness in work and appearance</b>	<input type="checkbox"/>	Careful with work and appearance	<input type="checkbox"/>	Usually Neat & Clean	<input type="checkbox"/>	Careless at work & untidy
<b>Perseverance</b>	<input type="checkbox"/>	Persistent	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Give up easily
<b>Work Attitude</b>	<input type="checkbox"/>	Eager interest	<input type="checkbox"/>	Normal interest	<input type="checkbox"/>	Appears indifferent
<b>Initiative</b>	<input type="checkbox"/>	Seeks Additional work	<input type="checkbox"/>	Waits to be told what to do	<input type="checkbox"/>	Lacking
<b>Ability to Communicate</b>	<input type="checkbox"/>	Easily able to use language skills	<input type="checkbox"/>	Has some trouble articulating their thoughts	<input type="checkbox"/>	Lacking in their thoughts into words
<b>Ability to Comprehend Instructions</b>	<input type="checkbox"/>	Quick to understand	<input type="checkbox"/>	Reasonably good	<input type="checkbox"/>	Slow to comprehend
<b>Capacity to develop</b>	<input type="checkbox"/>	Promising	<input type="checkbox"/>	Average	<input type="checkbox"/>	Not very promising

Additional Comments if Applicable:

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Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to complete this Evaluation Form.