Employer Feedback Form

Credit for Employment (CFE)

(This form is to be completed by the employer.)

Name of Student/Employee (please print) _____ Date _____

Name of School (if applicable) _____

Name of Employer (please print) _____

Name of Company/Business/Organization _____

Please use this form to provide your feedback on the characteristics the employee demonstrated while employed at your worksite. For each characteristic listed below, rate the employee's performance on a scale of 1 to 5, with 1 being unacceptable, and 5 being exceptional. If the characteristic is not applicable (N/A) to the employee's position/duties, indicate this in the final column. Place a check mark (✓) in the applicable boxes. Once the employee has completed at least 110 hours of paid employment, please return the completed form to the employee. Also send a copy of the completed form to the Distance Learning Unit.

Employee Characteristics	Unacceptable	Needs Improvement	Average	Above Average	Exceptional	Not Applicable
	1	2	3	4	5	N/A
Dependability						
Attendance						
Completion of projects						
Quality of work						
Ability to communicate—oral						
Ability to communicate—written						
Courtesy with staff and customers/clients						
Ability to work on a team						
Cooperation and willingness to follow directions						
Safety awareness and procedures						
Problem-solving skills						
Use of good judgment						
Appropriate dress and appearance for work						
Initiative/self-direction						
Motivation						
Ability to accept criticism						
Work ethic						
Use of technology						
Skills related to this worksite						

continued

Employer Feedback Form *(continued)*

What do you perceive to be this employee's greatest strengths?

In what area(s) does this employee need to improve?

Employer's Signature _____ Date _____