

L. V. ROGERS SECONDARY SCHOOL
Work Experience Evaluation Form

Phone: 354-5407

Fax: 354-5418

Student: _____

Employer: _____

School Year _____

Supervisor: _____

Total Hours worked this reporting period: _____

Check Appropriate Column	Excellent	Very Good	Good	Fair	Poor
Follows directions					
Accepts constructive advice					
Benefits from advice					
Makes good use of time					
Shows responsibility					
Shows initiative					
Displays readiness to work					
Shows willingness to learn					
Displays good work habits					
Understands safety procedures					
Gets along with co-workers					
Displays ability to meet public					
General appearance					
Manners and personal habits					
Courteous					
Reliable and dependable					
Attends regularly					
Punctual					
Respectful of employer					

What supervision was required?

Is he/she suited for this type of work?

Do you think the student tried his/her best?

What was the student's attitude toward work?

If you were able to hire, would you consider hiring this student?

Yes_____ **No**_____ **Possibly**_____

Would you recommend him/her to another employer?

Yes_____ **No**_____ **Possibly**_____

Explain: _____

Are you agreeable to allowing the student to see this report?

Yes_____ **No**_____

Other comments:

How can the school improve on the delivery of the Work Experience Program?

Date:_____ **Supervisor signature:**_____