

Education and Workforce Development Cabinet  
Office of Career and Technical Education

### Log of Work-Based Learning Employer Contact

Coop  Internship  Mentoring  Shadowing  School Enterprise/Bank/Store  House Project

<b>Student Name:</b> _____	<b>Grade Level</b> _____
<b>School:</b> _____	<b>Program:</b> _____
<b>Company Name:</b> _____	<b>Contact Person:</b> _____
<b>WBL Starting Date:</b> _____	<b>WBL Ending Date</b> _____

1. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.
2. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:
  - Coop, Internship and Mentoring 1 time per 9 weeks
  - Shadowing No additional requirements
3. Please document visitation below.

Date of Visitation	Person Making Visit	Observation



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## Work-Based Learning (WBL) Employer Evaluation Report

- Coop  
  Internship  
  Mentoring  
  Shadowing  
  School Enterprise/Bank/Store  
  House Project

School:		Program	
Student Name:		WBL Start Date:	
Company Name:		WBL End Date:	
Contact Person:		Telephone:	

**Student Responsibility:** Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

**Employer Responsibilities:** Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

### Evaluation

Scale: **1 – Poor**      **2 – Needs Improvement**      **3 – Average**      **4 – Good**      **5 - Excellent**

Trait	Rating	Trait	Rating
Attendance/Punctuality	1 2 3 4 5	Cooperation	1 2 3 4 5
Appearance	1 2 3 4 5	Adaptability/Flexibility	1 2 3 4 5
Attitude	1 2 3 4 5	Relations with Co-Workers	1 2 3 4 5
Dependability	1 2 3 4 5	Time Management	1 2 3 4 5
Initiative	1 2 3 4 5	Quality of Work	1 2 3 4 5
Following Directions	1 2 3 4 5	Quantity of Work	1 2 3 4 5

Remarks:

### Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date											-----
Hours Worked											

### Earnings (If Applicable)

Total Hours: \_\_\_\_\_ Hourly wage: \_\_\_\_\_ = Total Gross Earnings: \$ \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



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