Work-Based Learning (WBL) Employer Evaluation Report

X Co-op **□ Internship** **□ Mentoring** **□ Shadowing**
□ Apprenticeship **□ Service Learning** **□ Entrepreneurship** **□ School Enterprise**

Student's Name:	**Grade Level: 12th**
School:	**Program:**
Employer:	**Contact Person:** **Telephone #:**
WBL Start Date:	**WBL Ending Date:**

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator every two weeks.

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**

Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appropriate Dress	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

.	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Total Hours
Date														
Hours Worked														

Signature of Supervisor:_____

Date: _____