

Work-Based Learning (WBL) Employer Evaluation Report

Type of Work Experience

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Co-op | <input type="checkbox"/> Internship | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Shadowing |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Service Learning | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> School Enterprise |

Student Employer Information

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

Skills	Rating					Skills	Rating				
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: _____