



Okanagan
Similkameen
SD53

School District 53
Work Experience Program

Student Feedback by Employer

Student Name _____

Date _____

Placement Site _____

Sponsor _____

Phone _____

Please complete the following evaluation:

PLEASE CHECK (✓)	Always	Usually	Sometimes	Seldom	Never	N/A
FUNDAMENTAL SKILLS:						
Able to solve problems						
Follows directions						
Uses technology effectively						
Communicates well						
PERSONAL MANAGEMENT SKILLS:						
Dresses appropriately						
Is enthusiastic						
Accepts constructive criticism						
Adjusts to new situations						
Works independently						
Manages time effectively						
Concentrates on tasks						
Completes assignments and projects						
Does his/her share of the work						
Handles equipment safely and effectively						
TEAMWORK SKILLS:						
Works well with other employees						
Shows initiative when appropriate						

Has the student become more efficient?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is the quality of work satisfactory?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Did the student call in when absent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has the student returned uniform/tools etc.?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Would you consider this student for employment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Was their overall performance satisfactory?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Your feedback enables us to help the student gain maximum benefit from this out-of-school learning experience and will contribute to the assignment of a mark for the work placement component of the Work Experience Program.

Comments (Strengths and/or Areas for Improvement)

Signature of Employer

Date

(Revised Sept 2022)