

## **WORK EXPERIENCE EMPLOYER EVALUATION**

Your time and willingness to participate in the work experience program is much appreciated. Please complete this evaluation and return to the student at the conclusion of work experience. Alternatively it can be emailed to alexander.judith.m@edumail.vic.gov.au

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Student name:					
Employer:					
Supervisor:					
Description of tasks und	ertaken by s	tudent:			
Please complete the follow	ving relating to	o various aspe	cts of work expe	rience:	
Criteria	Excellent	Very good	Satisfactory	Needs improvement	
Initiative and work sense					
Attitude to the job					
Willingness to accept instruction					
Ability to perform duties					
Punctuality					
Relationships with employees and public					
Other comments:					
Thank you for your assista	ance and coop	eration.			
Judi Alexander Post School Transition Coordinator			Kelly Todisco Year 10 Engagement Leader		