



Assessment of the student's work placement by the company

Full Name of Student _____

Name of Company	
Address	
Name of person supervising the student	

Duration of work placement	
Beginning date	
End date	
Absences	

Description of student's tasks and duties

Assessment of student's work and development						
<i>(Please indicate your assessment of the student during their work placement with you.)</i>						
	Excellent	Good	Acceptable	Needs improvement	Not applicable	Comments <i>(where applicable)</i>
Attendance and punctuality						
Tidiness						
Work attitude						
Ability to follow instructions						
Reliability						
Ability to finish jobs						
Computer skills						
Social skills						
Ability to work independently						
Relationship with staff						
Ability to deal with criticism						
Ability to work in a team						

We acknowledge that the overall results were to our satisfaction.

Place, Date

Signature, Stamp