

**OFF-CAMPUS EDUCATION – WORK EXPERIENCE EMPLOYER EVALUATION**

<b>INFORMATION</b>	
Student Name:	Date of Evaluation:
Work Site:	Employer:

<b>EVALUATION</b>							
5 - Exceptional / 4 - Above Average / 3 - Satisfactory / 2 - Barely Adequate / 1 - Unsatisfactory / 0 - Unacceptable							
<b>Work Performance</b>							
a) Accepts responsibility for his/her work	5	4	3	2	1	0	
b) Ability to learn new skills	5	4	3	2	1	0	
c) Asks questions when necessary	5	4	3	2	1	0	
d) Accuracy and quality of work	5	4	3	2	1	0	
e) Speed of performing duties	5	4	3	2	1	0	
f) Attentive to safe work practices	5	4	3	2	1	0	
g) Care of equipment and working area	5	4	3	2	1	0	
h) Ability to follow instructions	5	4	3	2	1	0	
<b>Work Habits and Attitude</b>							
a) Observes work hours and policies regarding absences and late	5	4	3	2	1	0	
b) Demonstrates initiative and self-motivation	5	4	3	2	1	0	
c) Appears eager to learn and refine skills	5	4	3	2	1	0	
d) Ability to accept corrective feedback appropriately	5	4	3	2	1	0	
e) Utilizes feedback to improve behavior or production	5	4	3	2	1	0	
f) Perseveres at all tasks without complaints	5	4	3	2	1	0	
g) Demonstrates knowledge of use and care of materials and equipment	5	4	3	2	1	0	
h) Appropriate dress and hygiene for the work site	5	4	3	2	1	0	
<b>Interpersonal Skills</b>							
a) Courteous and pleasant manner	5	4	3	2	1	0	
b) Approaches supervisor in a respectful and considerate manner	5	4	3	2	1	0	
c) Able to work cooperatively with co-workers	5	4	3	2	1	0	
d) Communicates thoughts and ideas in a clear manner	5	4	3	2	1	0	

**Comments:** *(Please include comments for categories that did not meet job requirements)*

Employer Signature:	Date:
FOR OFFICE USE ONLY	Score/Grade: _____/100