

## **Work Experience Check In**

Supervisor Name

To be completed by the Faculty and Employer during the work experience

This form is intended to guide conversations during site visits and check-ins between the Faculty and the Employer.

STUDENT INFORMATION		
Student Name:	Employer:	
Student ID:	Supervisor:	
Program:	Supervisor Pho	one:
Campus:	Faculty Advisor:	
VISITATION/CHECK-IN DET	TAILS	
Date: (month/dd/yyyy)	AILS	
Interview Conducted:	☐ with the student and supervisor sepa	 aratelv
	☐ with the student present during the v	•
Visit:	☐ On-site ☐ by phone ☐ Other:	
RELATIONS WITH OTHERS  Works well with others Gets along satisfactorily Some difficulty Works poorly with others  DEPENDABILITY Completely dependable Satisfactory Sometimes neglectful or carele Unreliable  ABILITY TO LEARN Exceptional. Very good, except Satisfactory, but Below average, should Very slow  ATTITUDE – APPLICATION TO WO Satisfactory in diligence and interest Somewhat indifferent Definitely not interested	□ Satisfactory amount of interest and enthusiasm □ Somewhat indifferent □ Definitely no interest or enhusiasm  ATTENDANCE □ Regular	OVERALL WORK PERFORMANCE  Outstanding  Very Good  Average  Marginal  Unsatisfactory  STUDENT NEEDS TO IMPROVE ON (Please check all that apply)  Human Relations  Accepting constructive criticism  Following orders/directions  Use of telephone  Quantity of work  Ability to communicate (written-spoken)  Mathematics ability  Quality of work  Operating equipment  Other
NSCC SIGNATURE		
Faculty Name	Faculty Signature	 Date
EMPLOYER PARTNER SIGI		

**Supervisor Signature** 

Date