Employer Feedback on Student

To be completed by the employer within two (2) business days following the work experience.

This evaluation provides you with an opportunity to provide feedback on student performance. In order for a student to successfully complete their work experience they must receive a minimum of a "Satisfactory" rating on their overall performance.

Student Information (Mandatory Marked with *)	
*Student's Legal Name:	*Student ID:
Name Used, If not Legal name:	Program:
*Employer/Organization:	*Direct Supervisor:
*Supervisor Email:	*Supervisor Phone:

Feedback

Please rate your experience according to the following criteria by placing a check mark in the appropriate category.
Excellent (5) – Above Average (4) – Satisfactory (3) – Below Average (2) – Unsatisfactory (1) - Not Applicable (N/A)

Criteria/Considerations	**(5)**	**(4)**	**(3)**	**(2)**	**(1)**	**N/A**
Category: Performance						
Student expressed interest in the work and assigned tasks.	☐	☐	☐	☐	☐	☐
Comments:						
Student was a self-sufficient and showed initiative.	☐	☐	☐	☐	☐	☐
Comments:						
Student could be depended upon to complete assigned tasks in a timely manner.	☐	☐	☐	☐	☐	☐
Comments:						
Student completed work in an organized manner.	☐	☐	☐	☐	☐	☐
Comments:						
Quality of work relevant to experience and education met expectations	☐	☐	☐	☐	☐	☐
Comments:						

Criteria/Considerations	(5)	(4)	(3)	(2)	(1)	N/A
Category: Communications and Safety						
Student used effective written communication.	☐	☐	☐	☐	☐	☐
Comments:						
Student used effective oral communication.	☐	☐	☐	☐	☐	☐
Comments:						
Student demonstrated a high level of workplace safety.	☐	☐	☐	☐	☐	☐
Comments:						
Student punctuality and attendance met expectations throughout the work experience.	☐	☐	☐	☐	☐	☐
Comments:						
Category: Interpersonal Skills						
Student took direction well.	☐	☐	☐	☐	☐	☐
Comments:						
Student was responsive to guidance and direction provided.	☐	☐	☐	☐	☐	☐
Comments:						
Student interacted appropriately with supervisors and co-workers	☐	☐	☐	☐	☐	☐
Comments:						
Student displayed professionalism in the role	☐	☐	☐	☐	☐	☐
Comments:						

Overall Impressions
What are the student's areas of strength?
Are there any areas in which the student needs improvement?
Would you recommend this student to another employer? *Why or Why not?*
If employment were available in the future, would you want this student to return to your company? Why or why not?

Please give your Student an OVERALL EVALUATION

Excellent ☐ **Above Average** ☐ **Satisfactory** ☐ **Below Average** ☐ **Unsatisfactory** ☐

Comments

Please make specific comments to help us in further evaluating your work experience.

Signature

We encourage you to discuss this feedback with the student.

I, the undersigned, understand that this information will be shared with the student as appropriate for evaluation purposes.

Work Experience Supervisor:

Print name:

Signature: Date:

Upon completion of this form please provide the student with a copy and send it by email to the faculty representative listed on the Work Integrated Learning Agreement within 2 days of completion of the work experience.
Please note: the employer evaluation is required for the student's final assessment.

If you have any questions, please email: workexperience@nscc.ca