



Student Work Experience Feedback Form

STUDENT'S NAME:

NAME OF COMPANY/ESTABLISHMENT:

MANAGER/SUPERVISOR'S NAME:

DATE OF PLACEMENT:

MAIN TASKS CARRIED OUT:

Please rate the student against the following criteria:

Skills & Competence Comments:	<input type="checkbox"/> Superior <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Needs Improvement
Attitude & Personality Comments:	<input type="checkbox"/> Superior <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Needs Improvement
Communication & Work Ethic Comments:	<input type="checkbox"/> Superior <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Needs Improvement

Any additional comments (feel free to use the back of this form for more space):

Your feedback about the process and how the student worked with your team is valued and appreciated. Thank you!