

## Work Experience Employer/Supervisor Evaluation

Student Information:		Placement Information:			
Student Name:		Business:			
Phone #:		Address:			
Number of Completed Hours		Supervisor:			
		Phone:		Fax:	
		Start Date:		End Date	

**Employer: Please circle one below:**

**1 – UnSatisfactory 40%**  
(does not meet expectations)

**2 – Satisfactory 60%**  
(meets minimum expectations)

**3 – Good 75%**  
(consistently meets expectations)

**4 – Excellent 90%**  
(exceeds expectations)

Employability Skills 2000+, Conference Board of Canada					
<b>FUNDAMENTAL SKILLS:</b>					
Demonstrates the ability to:					
• communicate – reading, writing, speaking	1	2	3	4	N/A
• use numbers	1	2	3	4	N/A
• problem solve	1	2	3	4	N/A
<b>PERSONAL MANAGEMENT:</b>					
Demonstrates:					
• positive attitude and behaviour	1	2	3	4	N/A
• responsibility	1	2	3	4	N/A
• adaptability	1	2	3	4	N/A
• eagerness to learn	1	2	3	4	N/A
• safe work habits	1	2	3	4	N/A
<b>TEAMWORK:</b>					
Demonstrates:					
• respectfulness when working with others	1	2	3	4	N/A
• participation in projects and tasks	1	2	3	4	N/A

Comments and suggestions:

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