

EMPLOYER EVALUATION (50%)

Nanaimo Ladysmith Public Schools
Work Experience

Company Name: _____

Supervisor Name: _____

Date: _____

Supervisor Phone No: _____

Please circle a number between 1-4

4 = Strong

3 = Good

2 = Competent

1 = Developing

Student Name _____

Start date _____

End Date _____

ATTRIBUTE AND CRITERIA		SCORE			
ATTITUDE	HARD WORKING	4	3	2	1
	TAKES INITIATIVE	4	3	2	1
	RESPONSIBLE	4	3	2	1
	TEAM PLAYER	4	3	2	1
	WILLING & READY TO LEARN	4	3	2	1

ATTRIBUTE AND CRITERIA		SCORE			
SKILLS	TOOLS/EQUIPMENT	4	3	2	1
	COMMUNICATION	4	3	2	1
	MATH SKILLS	4	3	2	1
	READING & WRITING	4	3	2	1
	TECHNICAL SKILLS	4	3	2	1

ATTRIBUTE AND CRITERIA		SCORE			
KNOWLEDGE	KNOWLEDGE OF SAFE WORK PRACTICES	4	3	2	1
	ASKS FOR HELP WHEN NEEDED	4	3	2	1
	KNOWLEDGE IN JOB SPECIFIC SKILLS	4	3	2	1

COMMENTS:

DATE: _____ SUPERVISOR SIGNATURE _____