

Student's Name _____ Date _____

Inclusive dates of work-based experience From _____ to _____

Hours of work-based experience (cumulative) _____

Work-based experience setting _____

Work-based experience supervisor* and title _____

**In the event that there is no direct supervisor for this experience, please arrange to have your work evaluated by a school designee.*

Please assess the student's overall performance on a scale of 1-5 in the following areas:
(5 is high; 1 is low) (0 = no chance to observe)

- | | |
|----------------------------|--------------------------------------|
| _____ Attendance | _____ Initiative |
| _____ Collaboration | _____ Organization |
| _____ Communication skills | _____ Punctuality |
| _____ Creativity | _____ Work ethic |
| _____ Enthusiasm | _____ Work-specific knowledge/skills |

Potential within this field of work _____

Other comments _____

Supervisors' signature _____ *Date* _____