

YEAR 10 WORK EXPERIENCE EMPLOYER EVALUATION SHEET



*"Expect great things from God,
Attempt great things for God"*

WILLIAM CAREY
CHRISTIAN SCHOOL

Name of Employer/Business: _____

Student's Name: _____

| | RATING (Please Circle) | | | | | |
|---|------------------------|--------|---------|-----------|--------|-----|
| | Always | Mostly | Usually | Sometimes | Rarely | N/A |
| EMPLOYABILITY SKILLS | | | | | | |
| Communication - Communicates well with other employees and customers | 1 | 2 | 3 | 4 | 5 | 6 |
| Teamwork - Cooperative. Works well individually and with others | 1 | 2 | 3 | 4 | 5 | 6 |
| Self Management – Takes responsibility for tasks | 1 | 2 | 3 | 4 | 5 | 6 |
| Planning and Organising - Manages time and tasks well | 1 | 2 | 3 | 4 | 5 | 6 |
| Technology - Uses technology effectively to complete tasks | 1 | 2 | 3 | 4 | 5 | 6 |
| Learning - Open to new ideas and eager to learn | 1 | 2 | 3 | 4 | 5 | 6 |
| Initiative/Problem Solving - Adapts to new situations and contributes ideas | 1 | 2 | 3 | 4 | 5 | 6 |
| PERSONAL ATTRIBUTES | | | | | | |
| Well groomed | 1 | 2 | 3 | 4 | 5 | 6 |
| Punctual | 1 | 2 | 3 | 4 | 5 | 6 |
| Enthusiastic | 1 | 2 | 3 | 4 | 5 | 6 |

OTHER COMMENTS

SIGNED _____ DATE _____

Would you be prepared to accept another student from William Carey Christian School for work experience next year?

YES MAYBE NO (Please circle)

Would you be prepared to accept a student with a disability?

YES MAYBE NO (Please circle)

Attendance Register – Please sign to indicate the student attended your workplace each day.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| DAY PRESENT | Start: Finish: | Start: Finish: | Start: Finish: | Start: Finish: | Start: Finish: |

Thankyou for your kind participation in our Work Experience Program.
Please return this form to the student or fax back to (02) 9608-2681