



Work Experience Employer Report Form

Name of student: _____ School: _____

Company Name: _____

Duration of the placement: _____ days, _____ weeks (if applicable), total number of days: _____

Description of duties:

Please tick the appropriate column

Personal Qualities	Very good	Good	Average	Improvement needed	Comments
Attendance and Punctuality					
Suitability of Dress					
Attitude and Interest					
Self-confidence					
Relationship with others					
Initiative (if appropriate)					
Adaptability to the placement / tasks					
Standard of work					
Communication					
Maths (if appropriate)					
Computer skills (if appropriate)					
Problem Solving					
Improving own learning and performance					

General Comments including the overall assessment of the student and suggestions for progress:

Signed: _____ (employer) _____ (student)

Date: _____