

Mercy Secondary School Kilbeggan

TY Work Experience

Student Evaluation



<i>Student Name:</i>	
<i>Employer Name:</i>	
<i>Employer Address:</i>	
<i>Employer Phone No:</i>	

At the end of the placement please rate the student by placing a tick in the appropriate boxes. Many thanks for taking the time to fill out this evaluation. We would be grateful if you could return it to **SCHOOL NAME (FAO CO-ORDINATOR NAME)** as soon as possible.

<i>Rating</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<i>1. Attendance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>2. Time Keeping</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>3. Ability to follow Instructions and learn new skills and procedures</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>4. Level of competence in completion of tasks given</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>5. Initiative</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>6. Overall attitude towards the job</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>7. Ability to communicate with staff, supervisors and the public</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>8. Suitability for this type of work</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments you would like to make

Signed: _____

Dated: _____