

## Employer Feedback on Student

*To be completed by the employer within two (2) business days following the work experience.*

This evaluation provides you with an opportunity to provide feedback on student performance. In order for a student to successfully complete their work experience they must receive a minimum of a "Satisfactory" rating on their overall performance.

Student Information (Mandatory Marked with *)	
*Student's Legal Name:	*Student ID:
Name Used, If not Legal name:	Program:
*Employer/Organization:	*Direct Supervisor:
*Supervisor Email:	*Supervisor Phone:

Feedback						
<p><b>Please rate your experience according to the following criteria by placing a check mark in the appropriate category.</b>            Excellent (5) – Above Average (4) – Satisfactory (3) – Below Average (2) – Unsatisfactory (1) - Not Applicable (N/A)</p>						
Criteria/Considerations	(5)	(4)	(3)	(2)	(1)	N/A
<b>Category: Performance</b>						
Student expressed interest in the work and assigned tasks.						
<b>Comments:</b>						
Student was a self-sufficient and showed initiative.						
<b>Comments:</b>						
Student could be depended upon to complete assigned tasks in a timely manner.						
<b>Comments:</b>						
Student completed work in an organized manner.						
<b>Comments:</b>						
Quality of work relevant to experience and education met expectations						
<b>Comments:</b>						

Criteria/Considerations	(5)	(4)	(3)	(2)	(1)	N/A
<b>Category: Communications and Safety</b>						
Student used effective written communication.						
<b>Comments:</b>						
Student used effective oral communication.						
<b>Comments:</b>						
Student demonstrated a high level of workplace safety.						
<b>Comments:</b>						
Student punctuality and attendance met expectations throughout the work experience.						
<b>Comments:</b>						
<b>Category: Interpersonal Skills</b>						
Student took direction well.						
<b>Comments:</b>						
Student was responsive to guidance and direction provided.						
<b>Comments:</b>						
Student interacted appropriately with supervisors and co-workers						
<b>Comments:</b>						
Student displayed professionalism in the role						
<b>Comments:</b>						

### Overall Impressions

What are the student's areas of strength?

Are there any areas in which the student needs improvement?

Would you recommend this student to another employer? *Why or Why not?*

If employment were available in the future, would you want this student to return to your company? *Why or why not?*

### Please give your Student an OVERALL EVALUATION

Excellent  Above Average  Satisfactory  Below Average  Unsatisfactory

### Comments

*Please make specific comments to help us in further evaluating your work experience.*

### Signature

We encourage you to discuss this feedback with the student.

**I, the undersigned, understand that this information will be shared with the student as appropriate for evaluation purposes.**

**Work Experience Supervisor:**

Print name:

Signature:

Date:

**Upon completion of this form please provide the student with a copy and send it by email to the faculty representative listed on the Work Integrated Learning Agreement within 2 days of completion of the work experience.**

**Please note: the employer evaluation is required for the student's final assessment.**

If you have any questions, please email: [workexperience@nscC.ca](mailto:workexperience@nscC.ca)