

Assessment for Short Term Career Exploration Placements

Event / Employer: _____	School: _____
Student Name: _____	Teacher: _____
Supervisor: _____	School Phone: _____
Placement Date(s): _____	School Fax: _____

Student's Comments:

- Number of hours completed: _____
- The duties I performed or observed were: _____

- The skills I acquired were: _____

- By completing this work experience I learned: _____

Supervisor's Rating:	Very Good	Good	Fair	Poor	Has this report been discussed with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Punctuality					
Appropriate appearance					
Interest and initiative					
Attitude to work assigned					
Relations with others					

Other comments:

Supervisor's Signature

Student's Signature