

STUDENT _____

DATE _____

SPONSOR _____

EMPLOYER _____

Please complete the following evaluation form. Your evaluation enables us to help the student gain maximum benefit from this out-of-school learning experience and will contribute to the assignment of a mark for the work based training component of the Secondary School Apprenticeship Program. Please use the following criteria in determining your evaluation:

Mark: Please check the appropriate and complete the marks for that course (WBT = work based training)

<input type="checkbox"/> WRK 11A (first 120 WBT hrs)	<input type="checkbox"/> WRK 11B (120 - 240 WBT hrs)
<input type="checkbox"/> WRK 12A (240 - 360 WBT hrs)	<input type="checkbox"/> WRK 12B (360 - 480 WBT hrs)

PLEASE CHECK ()	Extending	Proficient	Developing	Emerging	NO Evidence	N/A
FUNDAMENTAL SKILLS:						
Able to solve problems						
Follows directions						
Uses technology effectively						
Communicates well						
PERSONAL MANAGEMENT SKILLS:						
Dresses Appropriately						
Is enthusiastic						
Accepts constructive criticism						
Adjusts to new situations						
Works independently						
Manages time effectively						
Concentrates on tasks						
Completes assigned projects						
Does his/her share of the work						
Handles equipment safely and effectively						
TEAMWORK SKILLS:						
Works well with other employees						
Shows initiative when appropriate						

Is student more efficient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the quality of work satisfactory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did the student call in when absent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has the student returned uniform/tools etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Was their overall performance Satisfactory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Signature of Employer

Thank you for your assistance. Please return this form to the student to deliver or email to bturnbul@sd53.bc.ca or mail it to:
Attn Boyd Turnbull, 6161, Okanagan Street, Oliver BC, V0H ITO

(Revised Sept 25)