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WORK EXPERIENCE – EMPLOYER’S EVALUTATION REPORT

This assessment is for the benefit of the student. It should be discussed with the student and either handed to the student on completion of work experience or mailed to the school.

Student’s Name: _____ Age: _____

Employer: _____

Address: _____

_____ Telephone: _____

Type of work performed: _____

Commencement date: _____ Completion date: _____

Number of days attended: _____ Supervisor: _____

Description of Tasks:

Please complete the following regarding various aspects of the students work placement.

Aspects	Very good	Good	Satisfactory	Needs Improvement
Common sense and initiative				
Attitude to the job				
Willingness to accept instructions				
Ability to perform duties				
Appearance and general presentation				
Punctuality				
General manner in dealing with the public/work colleagues				

DEMONSTRATED COMPETENCIES

COMPETENCY

PERFORMANCE LEVEL
(Circle appropriate date number, see key below)

SELF MANAGEMENT

Ability to organise, manage time and meet deadlines. 5 4 3 2 1 N/A
Ability to work effectively and accept responsibility

WORKING WITH OTHERS

Ability to work with others and in teams. 5 4 3 2 1 N/A

COMMUNICATION

Ability to communicate effectively in the workplace
and understand instructions. 5 4 3 2 1 N/A

INITIATIVE

Ability to work independently and complete set tasks. 5 4 3 2 1 N/A

USING TECHNOLOGY

Ability to use work related equipment and technology. 5 4 3 2 1 N/A

KEY TO PERFORMANCE LEVELS

Level 5 Excellent
Level 4 Very good
Level 3 Good

Level 2 Satisfactory
Level 1 Low
N/A Not applicable to this placement

Other Comments:

Prepared by:

Position:

Date:

Thank you for your assistance.