

Work-Based Learning (WBL) Employer Evaluation Report

Coop Internship Mentoring Shadowing School Enterprise/Bank/Store House Project

School:	Clark County ATC	Program Automotive	
Student Name:		WBL Start Date:	
Company Name:		WBL End Date:	
Contact Person:		Telephone:	

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor 2 – Needs Improvement 3 – Average 4 – Good 5 - Excellent

Trait	Rating	Trait	Rating
Attendance/Punctuality	1 2 3 4 5	Cooperation	1 2 3 4 5
Appearance	1 2 3 4 5	Adaptability/Flexibility	1 2 3 4 5
Attitude	1 2 3 4 5	Relations with Co-Workers	1 2 3 4 5
Dependability	1 2 3 4 5	Time Management	1 2 3 4 5
Initiative	1 2 3 4 5	Quality of Work	1 2 3 4 5
Following Directions	1 2 3 4 5	Quantity of Work	1 2 3 4 5

Remarks:

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date											-----
Hours Worked											

Earnings (If Applicable)

Total Hours: _____ Hourly wage: _____ = Total Gross Earnings: \$ _____

Signature of Supervisor: _____ Date: _____

