



An Australian Government Initiative



# Workplacement Evaluation Form

Name of Business: \_\_\_\_\_

Name of Student Supervisor: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Workplacement Subject: \_\_\_\_\_

Date of Workplacement: \_\_\_\_\_

How would you rate your student on the following:

	Excellent	Good	Fair	Poor
<b>Punctuality</b>				
<b>Dress</b>				
<b>Interest</b>				
<b>Ability / Skill</b>				
<b>Employability</b>				
<b>Work Readiness</b>				

Please Comment: \_\_\_\_\_

**Did you, the student's supervisor or a member of staff, meet or speak to the teacher:**

- **Prior to Work Placement?**

Yes / No Comment \_\_\_\_\_

- **During Work Placement?**

Yes / No Comment \_\_\_\_\_

**Did you receive satisfactory service from Compact?**

Yes / No Comment \_\_\_\_\_

**Do you wish to continue taking Workplacement students?**

Yes / No Comment \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

***Thank you for your co-operation in placing Workplacement students***

Please return this form to: PO Box 51, Wagga Wagga, NSW, 2650

Fax to (02) 6931 9301. E-mail [info@compact.org.au](mailto:info@compact.org.au)