

## Student Work Placement Evaluation

|                                      |                            |
|--------------------------------------|----------------------------|
| <b>Course Name:</b> _____            | <b>Year:</b> _____         |
| <b>School:</b> _____                 | <b>Student Name:</b> _____ |
| <b>Name of Business:</b> _____       |                            |
| <b>Date of Work Placement:</b> _____ |                            |

### **Before Work Placement:**

Do you feel you were adequately prepared by your teacher and Compact for Workplacement?

Yes     No    Comment \_\_\_\_\_

### **During Work Placement:**

Did you receive OHS induction into your job either at your interview or on the first day?

Yes     No    Comment \_\_\_\_\_

Was your workplace supervisor helpful and understood why you were at work?

Yes     No    Comment \_\_\_\_\_

Were you or your employer contacted by your teacher during Workplacement?

(Either by phone or visit)

Yes     No    Comment \_\_\_\_\_

Did the job skills you performed at Workplacement relate to skills you had learnt at school?

Yes     No    Comment \_\_\_\_\_

List some skills or jobs you performed at Workplacement:

\_\_\_\_\_

\_\_\_\_\_

### **After Work Placement:**

What did you find as the most interesting aspect of Workplacement?

\_\_\_\_\_

\_\_\_\_\_

Did you have any concerns or difficulties with your Workplacement?

\_\_\_\_\_

\_\_\_\_\_

Were you offered any part time work or an apprenticeship from this Workplacement?

Yes     No    Comment \_\_\_\_\_

Do you intend to go further in this industry? Please explain:

\_\_\_\_\_

**Please return to:**  
**COMPACT, P O Box 51, Wagga Wagga NSW 2650**  
**Ph: 02 6931 9300, Fax: 02 6931 9301 or**