**EMPLOYER’S WORK STUDY EVALUATION**

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| --- |
| Student Name: |
| Program: |
| Company name: |
| Supervisor/ Employer’s representative: |
| Work Study 1 □ Work Study 2 □ |
| Evaluation 1 □ Evaluation 2 □ |

**Please complete the questions using the following scale:**

|  |  |
| --- | --- |
| **1 Above expectations** | **3 Below expectations** |
| **2 Meets expectations** | **4 Fails to meet expectations** |

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| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **Comments** |
| Masters theoretical, technical, and/or practical knowledge. |  |  |  |  |  |
| Does his or her work with diligence and effectiveness. |  |  |  |  |  |
| Shows interest and motivation in his or her work. |  |  |  |  |  |
| Uses his or her competencies well. |  |  |  |  |  |
| Integrates well with coworkers. |  |  |  |  |  |
| Pays attention to details. |  |  |  |  |  |
| Is diligent and punctual. |  |  |  |  |  |
| Shows problem-solving skills. |  |  |  |  |  |
| Personable and at ease with others. |  |  |  |  |  |
| Shows courtesy towards other employees. |  |  |  |  |  |
| Accepts constructive criticism and initiates corrective measures. |  |  |  |  |  |
| Capable of working in a team. |  |  |  |  |  |
| Capable of working alone. |  |  |  |  |  |
| Willing to learn from coworkers’ experience. |  |  |  |  |  |
| Effective oral communication in English. |  |  |  |  |  |
| Effective written communication in English. |  |  |  |  |  |
| Effective oral communication in French. |  |  |  |  |  |
| Effective written communication in French. |  |  |  |  |  |
| Fulfills all duties and responsibilities. |  |  |  |  |  |

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| **Global assessment of the student** | | | |
| Outstanding  □ | Good  □ | Adequate  □ | Unacceptable  □ |

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| **Strengths** | **Areas to improve** |
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| **General comments** |
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| The results of this evaluation have been discussed with the student: Yes □ No □ |
| Would you be interested in having another student in the future: Yes □ No □ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor/Employer representative Date |
| PLEASE GIVE THIS FORM TO THE WORK STUDY COORDINATOR  In person or via email at satina@vaniercollege.qc.ca |

Note: this evaluation form is a tool that needs to be discussed with the student as it will help them in correcting any concerns you may have.