

Work Experience Evaluation

Student's Name: _____

Company Name: _____

Contact Person: _____

Type of Work: _____

Dates of Work Experience: _____

Days Worked: _____

In order for the student to gain maximum benefit from the experience of this real work situation, it would be appreciated if this report could be completed. **Please circle your most appropriate response for each subheading. 1 = Extremely Poor, 5 = Average and 10 = Extremely High.**

QUALITIES	1	2	3	4	5	6	7	8	9	10
Appearance/ Grooming	1	2	3	4	5	6	7	8	9	10
Punctuality	1	2	3	4	5	6	7	8	9	10
Attitude	1	2	3	4	5	6	7	8	9	10
Initiative	1	2	3	4	5	6	7	8	9	10
Works well with others	1	2	3	4	5	6	7	8	9	10
Ability to communicate	1	2	3	4	5	6	7	8	9	10
Ability to accept feedback	1	2	3	4	5	6	7	8	9	10
Recommendation for continuing in this field	1	2	3	4	5	6	7	8	9	10
Retained information taught	1	2	3	4	5	6	7	8	9	10
Used correct health and safety procedures	1	2	3	4	5	6	7	8	9	10

Brisbane Christian College - a ministry of Life Church

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Please add any additional comments below:

Would you be interested in having another Brisbane Christian College work experience student in the future?

Yes No Maybe

Signed: _____

Date: / /

Please return to Mr Ian Lloyd via email (illoyd@brisbanechristiancollege.com.au) or fax (07 3274 1071).

Thank you.

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