2017 Work Experience
Student Evaluation

The following report is to be completed by you during your Work Experience placement and is intended to help you to gain the maximum benefit from your time. Please return to the HSY on your first day back to school.

Student Evaluation

Name: ____________________________________________________________

Occupation: _______________________________________________________

Name of Employer: ________________________________________________

Address of Workplace: ______________________________________________

What hours did you work each day? ______________ am until _____________ pm

How did you travel to work? _________________________________________

How long did the trip take you? _______________________________________

Did you find that your job was (tick the boxes that describe it best):

- Exciting
- Dirty
- Difficult
- Interesting
- Tiring
- Too Easy
- Enjoyable
- Challenging
- Rewarding
- Other: ___________________

Did you find your workmates friendly and helpful? __________________________ Yes / No

Comment: ________________________________________________________________________________

Would you recommend other students complete their work experience with this employer? _______ Yes / No

Rate your ability to communicate with your colleagues: _______________ Poor / Fair / Good / Excellent
To do this job you need to be (tick boxes that are appropriate):

- [ ] physically fit
- [ ] an effective communicator
- [ ] able to read well
- [ ] work independently
- [ ] good with numbers
- [ ] good with hands
- [ ] creative
- [ ] quick thinking
- [ ] organised
- [ ] flexible

Is there any special training or skill needed for this job? ____________________________ Yes / No

Please specify: ________________________________________________________________

Is this the kind of job you would like when you leave school? ____________________________ Yes / No

Reason: ________________________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Did it help you decide upon your future career? ____________________________ Yes / Somewhat/ No

Are there things that you still want to know before making a career decision? __________ Yes / No / Unsure

How do you think the College can assist you with making decisions about your future career or study pathway?

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________