



WORK PLACEMENT SUPERVISOR'S APPRAISAL FORM

To be completed by the Supervisor of the employer providing placement, upon completion of the Work Placement and submitted to the School Exams Unit.

Student's Name:

(Surname in CAPITALS)

Placement Period from: to

Placement Organization:

Supervisor's Name:

(Surname in CAPITALS)

Student's Performance:

Please mark the Student's placement performance, under the following headings, using an integer mark from the range one (1) to five (5): {one (1) is the minimum and five (5) is the maximum}

Serial No	Questions	Marks
1	Complete tasks effectively and efficiently?	
2	Complete tasks on schedule?	
3	Produce an acceptable volume of work?	
4	Produce work of good consistent quality?	
5	Demonstrate skills and knowledge in his/her technical area?	
6	Seek help and additional information when required?	

7	Demonstrate a willingness to acquire new skills and to learn?	
8	Learn from their mistakes?	
9	Exhibit good planning and organizational skills?	
10	Exhibit initiative where appropriate?	
11	Express him/herself clearly verbally?	
12	Express him/herself clearly in writing?	
13	Communicate effectively with others?	
14	Work well with others?	
15	Add value to the group, where appropriate?	
16	Conduct him/herself professionally to those inside and outside the group, including clients/customers?	
17	Maintain a good attendance record?	
18	Attend punctually?	
19	Show flexibility in hours of attendance?	
20	Show positive attitude at work?	
Total Marks		

Supervisor's Title: Supervisor's Signature:

Supervisor's Department: Date: