



# TRINITY ACADEMY



## Work Experience – Employer Report

### 2019 - 2020

Pupil's Name \_\_\_\_\_ School \_\_\_\_\_ Class \_\_\_\_\_

Placement Employer \_\_\_\_\_

Date of Work Experience \_\_\_\_\_ Type of Work \_\_\_\_\_

	Yes	No (Please Tick)
Was his/her attendance and timekeeping satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>
Did he/she have a positive manner and attitude?	<input type="checkbox"/>	<input type="checkbox"/>
Did he/she have good listening and observation skills?	<input type="checkbox"/>	<input type="checkbox"/>
Did he/she work cooperatively with others?	<input type="checkbox"/>	<input type="checkbox"/>
Did he/she carry out tasks accurately?	<input type="checkbox"/>	<input type="checkbox"/>
Did he/she ask questions to clarify instructions/obtain help?	<input type="checkbox"/>	<input type="checkbox"/>
Did he/she observe all appropriate rules/regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Did he/she use initiative?	<input type="checkbox"/>	<input type="checkbox"/>

Please expand on the above and/or add any other comments, which may be helpful to the pupil.

Form completed by \_\_\_\_\_ Position \_\_\_\_\_

Date \_\_\_\_\_ Signature of Pupil \_\_\_\_\_

Thank you for completing this form. The document is an important part of the assessment for the pupil's course. It would be appreciated if you could discuss the completed form with the pupil.

**Please ensure the completed form is returned to the school.**