

STUDENT AND EMPLOYER INFORMATION		
Student Name		Date of Evaluation
School Off Campus Teacher		School
Organization Name		Role of Student within Organization
Supervisor Name	Supervisor Position	Dates of Placement

RATING SCALE
Rate your opinion of the following statements as they pertain to your off campus education experience using the following scale.
5 – Strongly Agree    4 – Agree    3 – Unsure    2 – Disagree    1 – Strongly Disagree

SELF EVALUATION STATEMENTS						
At the start of each shift, I took steps to find out what was expected of me for that day.	5	4	3	2	1	N/A
I recognized that my attendance at work, on time, was important: people were counting on me.	5	4	3	2	1	N/A
If absent, I contacted both my employer and my School Off Campus Teacher.	5	4	3	2	1	N/A
I took pride in my work.	5	4	3	2	1	N/A
I was able to overcome challenges and solve problems.	5	4	3	2	1	N/A
I focused on duties consistently and conscientiously.	5	4	3	2	1	N/A
I exhibited sufficient speed of work completion.	5	4	3	2	1	N/A
I completed work to the quality standard of company.	5	4	3	2	1	N/A
I met the goals that were set in collaboration with my employer.	5	4	3	2	1	N/A
If nothing was assigned by my supervisor or if I finished early, I found something worthwhile to do.	5	4	3	2	1	N/A
I learned to accept feedback about my work and my efforts in order to improve.	5	4	3	2	1	N/A
I was accepted responsibility for my actions.	5	4	3	2	1	N/A
I was enthusiastic and tried to convey the impression that I enjoyed what I was doing.	5	4	3	2	1	N/A
I responded quickly and courteously to ensure customer satisfaction.	5	4	3	2	1	N/A
I demonstrated appropriate conduct.	5	4	3	2	1	N/A
I demonstrated respect for the rights and responsibilities of the employer.	5	4	3	2	1	N/A
I demonstrated respect for the rights and responsibilities of fellow employees	5	4	3	2	1	N/A
I communicated ideas clearly and appropriately.	5	4	3	2	1	N/A
I demonstrated the ability to prioritize tasks.	5	4	3	2	1	N/A
I followed safe work practices and procedures.	5	4	3	2	1	N/A
I submitted timesheets and other documentation in a timely manner.	5	4	3	2	1	N/A

**QUESTIONS FOR THE STUDENT**

Provide a brief description of your work site duties.

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What accomplishments do you feel are important or are particularly proud of?

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What skills and abilities have you developed or acquired since the start of the work term? How have these contributed to your performance?

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What work qualities or skills do you admire or particularly respect amongst your coworkers and supervisor? What contribution do these qualities have on their success and the success of others?

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What work activities could you or would you do differently the next time around to improve your professionalism and performance on the job? What effect would these changes make to your workplace?

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How has this Off Campus Education experience informed your future education and career plans?

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FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) ACT: The personal information contained on this form is collected under the authority of Section 32(c) of Section 37 of the School Act and will be used for the purposes of verifying attendance and evaluating the performance of students registered in Off Campus Education.

**DECLARATION**

**This evaluation is fair and accurate.**

Student Signature

Date

