HORIZON OFF CAMPUS EDUCATION WORK EXPERIENCE Evaluation Form

Student:				_ Workplace:	
Employer, please evaluate your w	ork	(e	хр	eri	ence student based on the following criteria
 LEGEND: 4 indicates an employee who meets all e 3 indicates an employee who is meeting 2 indicates an employee who is meeting 1 indicates an employee who is beginning 	mos som	t ei	mpl mp	oye loy	ee performance standards ee performance standards
Personal and Social Qualities					
Functions as a team player	4	3	2	1	Signatures:
Accepts advice and feedback	4	3	2	1	Employer/Supervisor
Reliable	4	3	2	1	
Notifies if will be absent	4	3	2	1	
Work Qualities and Habits					Comments:
Is punctual	4	3	2	1	
Shows interest in learning new skills	4	3	2	1	
Accepts responsibility	4	3	2	1	
Able to solve problems	4	3	2	1	
Vocational & Safety Skills	-				
Completes work consistently and conscientiously	4	3	2	1	If you have any questions or concerns
Demonstrates proper use of equipment and tools	4	3	2	1	please contact Heather Brantner@ heather.brantner@horizon.ab.ca
Completes tasks on time	4	3	2	1	587-370-7187
Maintains a safe workplace environment	4	3	2	1	
Communications Skills					
Good communicator with supervisors	4	3	2	1	
Listens and follows instructions	4	3	2	1	
Asks for assistance when needed	4	3	2	1	
Cell Phone		_			
Appropriate cell phone usage while at work	4	3	2	1	