

GCC Work Experience Program

Student **FINAL EVALUATION**

Student: _____ School: _____ Career & Technical Education Program: _____

Employer: _____ Position: _____ Phone Number: _____

Evaluator: _____ Beginning/Ending Date of Evaluation: _____ to _____

Please provide constructive input on the students' training at your establishment. Circle the trait that best applies to the student's work ethic and abilities.

(0) NOT APPLICABLE (1) POOR (2) FAIR (3) GOOD (4) EXCELLENT

INTEREST IN WORK:

| | |
|---------------------|-----------|
| Initiative | 0 1 2 3 4 |
| Cooperative | 0 1 2 3 4 |
| Adaptability | 0 1 2 3 4 |
| Dependability | 0 1 2 3 4 |
| Job Knowledge | 0 1 2 3 4 |
| Job Quality | 0 1 2 3 4 |
| Job Quantity | 0 1 2 3 4 |
| Accuracy | 0 1 2 3 4 |
| Tact | 0 1 2 3 4 |
| Courtesy | 0 1 2 3 4 |
| Personal Appearance | 0 1 2 3 4 |

ABILITY IN OR TO:

| | |
|-------------------------|-----------|
| Oral Communication | 0 1 2 3 4 |
| Written Communication | 0 1 2 3 4 |
| Follow Instruction | 0 1 2 3 4 |
| Accept Correction | 0 1 2 3 4 |
| Understand Instructions | 0 1 2 3 4 |
| Attend to Detail | 0 1 2 3 4 |
| Team Player | 0 1 2 3 4 |
| Keep on Task | 0 1 2 3 4 |
| Reports to Work on Time | 0 1 2 3 4 |
| Meet People | 0 1 2 3 4 |
| Ask Questions | 0 1 2 3 4 |
| Use of Resources | 0 1 2 3 4 |

TIMES ABSENT: _____

TIMES LATE: _____

Number of HOURS WORKED: _____

Please review this evaluation with the student, sign and return to GCC via fax at 735-3027 or student.

Student's Signature/Date

Employer's Signature/Date

Strengths:

Areas of Improvement:

What **Percentage grade** would you award the student? _____ %

90%-100% = A

80%-89% = B

70%-79% = C

60%-69% = D

Has this evaluation been discussed with the student? Yes No

**PLEASE ENSURE THAT THE EVALUATION HAS BEEN
COMPLETELY FILLED OUT BEFORE SUBMISSION.**

Thank you.