

Employer Evaluation of Student

District logo

[District Name] · [School Name]

Before you use this template: This is a starting point. Review it with your district and against your state and local requirements before use, including FERPA, grading policy, and the wording of Section D.

To the supervisor: Thank you for hosting this student. This form is designed to take about 10 minutes. Rate what you have observed, add one example where you can, and review the form with the student. Return it to [Coordinator Name] at [Coordinator Email] by [EDIT: due date].

Header

Field	Entry
Student name	_____
Program / pathway	_____
Worksite / business	_____
Supervisor name	_____
Supervisor title	_____
Supervisor email	_____
Placement dates	___ / ___ / ____ to ___ / ___ / ____
Evaluation	☐ Midpoint ☐ Final ☐ Other: _____
Date of evaluation	___ / ___ / ____
Hours completed to date (from timesheet)	_____

Rating Scale

Rating	Label	What it means
4	Exceeds expectations	Does this consistently, with little direction
3	Meets expectations	Does this reliably, with normal supervision
2	Developing	Does this sometimes; needs regular direction
1	Not yet	Rarely does this; needs significant support
N/A	Not observed	You have not had a chance to see this

Section A – Career Readiness / Employability

#	Skill	4	3	2	1	N/A	Comment (optional)
1	Attendance and punctuality	☐	☐	☐	☐	☐	
2	Reliability / follows through on tasks	☐	☐	☐	☐	☐	
3	Professionalism (appearance, conduct, follows workplace policies)	☐	☐	☐	☐	☐	
4	Communication: verbal and written	☐	☐	☐	☐	☐	
5	Teamwork and collaboration	☐	☐	☐	☐	☐	
6	Initiative and self-direction	☐	☐	☐	☐	☐	
7	Critical thinking / problem solving	☐	☐	☐	☐	☐	
8	Accepts and applies feedback	☐	☐	☐	☐	☐	

#	Skill	4	3	2	1	N/A	Comment (optional)
9	Workplace safety: follows procedures, uses PPE	☐	☐	☐	☐	☐	
10	Technology / digital skills	☐	☐	☐	☐	☐	
11	Time management	☐	☐	☐	☐	☐	

Section B – Technical Skills / Learning Objectives

Coordinator: copy the learning objectives from Section E of the student's training agreement before sending this form.

#	Objective (from training agreement)	4	3	2	1	N/A	Example observed
1		☐	☐	☐	☐	☐	
2		☐	☐	☐	☐	☐	
3		☐	☐	☐	☐	☐	
4		☐	☐	☐	☐	☐	
5		☐	☐	☐	☐	☐	
6		☐	☐	☐	☐	☐	

Section C – Evidence of Competency

1. Describe a specific time the student demonstrated [EDIT: competency, e.g., problem solving].

2. What task did the student do best?

3. (Optional) Graduation competency alignment. For programs using graduation competencies (for example, a Portrait of a Graduate), name the competency this example shows. See the WBL Competency Mapping Template.

Competency	Example from this placement
[EDIT]	
[EDIT]	

Section D – Overall

Overall performance rating: ☐ 4 ☐ 3 ☐ 2 ☐ 1

Top strengths:

Areas for growth:

Would you host this student again? ☐ Yes ☐ No ☐ Maybe

Would you host another student from our program? ☐ Yes ☐ No ☐ Maybe

Interest in hiring this student (if age and role allow): ☐ Yes ☐ No ☐ N/A

DISTRICT/LEGAL REVIEW: Review the wording of the hiring question with your district, particularly for minors and paid employment.

Section E – Placement Feedback for the Coordinator (optional; may be detached)

Was the student prepared for this placement? ☐ Yes ☐ Partly ☐ No

Comments: _____

Was the support you received from the coordinator adequate? ☐ Yes ☐ Partly ☐ No

Comments: _____

Suggestions for our program: _____

Section F – Acknowledgment and Signatures

☐ I discussed this evaluation with the student on (date): ____ / ____ / ____

Role	Signature	Printed name	Date
Worksite supervisor	_____	_____	_____
Student (acknowledges receipt, not agreement)	_____	_____	_____
WBL coordinator	_____	_____	_____

Coordinator use only. Grade / credit impact: [EDIT per district policy] _____