

Alexandra College

Transition Year - Work Experience Programme

EMPLOYER'S ASSESSMENT FORM

Student's Name: _____

Employer's Name: _____

Employer's Address: _____

Nature of work undertaken: _____

	Excellent	Very Good	Good	Fair	Poor
Punctuality					
Appearance					
Attitude to Work					
Sense of Responsibility					
Willingness to learn					
Ability to relate to others					

Any other comments:

Signed _____ Date / /

Please return to Katie Fanagan, Transition Year Coordinator.