

Work Experience Program/Off-Campus Education Program Student Evaluation Form

Student's Name:	Date:
Work Placement:	School:
Name of Evaluator:	

This evaluation lists three general areas of work performance. Under each general area are grouped particular qualities and characteristics. Rate the student by circling the number that best describes this student. Thank you.

		5 = Outst N/A = No	•	
RA		RATI	NG	
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
RATING				
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
RA		RATI	NG	
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2 3	2	3 4	5	N/A
2	2	2	2 3 4	2 3 4 5



OTHER INFORMATION

1. Student's strong points (outstanding traits, talents or abilities not cited elsewhere):

2. Recommendations for improvement:

3. Other comments:

4. Hours Worked for Work Experience Credit:	
Name of Evaluator:	Position:
Signature:	Date:

Exhibit 5 - Work Experience Program/Off-Campus Education Program Student Evaluation Form from Policy HGADA – Off-campus Education