



**Buffalo Trail Public Schools**  
 (Off-Campus Program)  
**EMPLOYER'S MID-TERM**  
**WORK EXPERIENCE EVALUATION**

Name of Student: \_\_\_\_\_ Date of Rating: \_\_\_\_\_

Work Station: \_\_\_\_\_ Student's Job Title: \_\_\_\_\_

Compared with your expectations of a new employee entering the work force, evaluate the student in the following:	4 Exceeded Job Requirements	3 Met all Job Requirements	2 Met Minimum Job Requirements	1 Did Not Meet Job Requirements	Consider any improvement areas for the remaining hours. Comments are encouraged.
Attendance and Punctuality					
Ability to Learn					
Accepts Responsibility					
Initiative					
Accuracy and Quality of Work					
Speed in Performing Duties					
Makes Use of Working Time					
Attitude Toward Supervisor					
Attitude Toward Co-workers					
Safe Use of Equipment					
Personal Appearance					

Please comment on student's main strength during the observation period.

\_\_\_\_\_

\_\_\_\_\_

Please comment on areas where improvements would be expected, or new goals set.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Supervisor's Position

\_\_\_\_\_  
 Supervisor's Signature