

# WBL EMPLOYER EVALUATION OF STUDENT

Thank you for taking the time to host a student. Your support of this program provides students with opportunities to make better decisions about their future careers. Your feedback is valuable to ensuring high-quality WBL experiences in the future. Please complete this form and return it to the teacher at your earliest convenience.

Evaluator Name:	Phone Number:
Title:	Email:
Organization:	
Student Name:	Date of Evaluation:

Please evaluate the student in the following areas.	Exceeded Expectations	Met Expectations	Failed to Meet Expectations	Not Applicable
<b>PUNCTUALITY</b>				
Reported at appropriate time				
Departed at appropriate time				
<b>PROFESSIONAL APPEARANCE</b>				
Clothing				
Grooming				
<b>PROFESSIONAL CONDUCT</b>				
Observed professional behavior of employees				
Behaved professionally at workplace				
<b>COMMUNICATION</b>				
Related well to host and others				
Asked appropriate questions				
Demonstrated interest				
<b>OVERALL EVALUATION</b>				
Benefit to student				
WBL host experience				

Would you be willing to host another student in the future?  YES  NO

Attach school district Non-Discrimination Statement here