**Work-Integrated Education Assessment Report**

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| Full Name of Student: |  |
| Placement Organization: |  |
| Supervisor at Work (Name & Position): |  |
| Placement Period (covered in this report): | to |

(DD/MM/YYYY) (DD/MM/YYYY)

(1) Please assess the student’s performance for items listed below in accordance with the following criteria:

1. Outstanding – Meets all and sometimes exceeds the requirements
2. Good – Meets the requirements in nearly all regards
3. Satisfactory – Generally meets the requirements
4. Barely Adequate – Marginally meets the requirements

F. Inadequate – Does not meet the requirements

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|  | | **Please indicate the grade:** | | | | |
| **Criteria** | | **A+/A/A-** | **B+/B/B-** | **C+/C/C-** | **D+/D** | **F** |
| General Discipline: | Grooming and appearance |  |  |  |  |  |
|  | Attendance |  |  |  |  |  |
|  | Punctuality |  |  |  |  |  |
| Student’s Attributes: | Attitude |  |  |  |  |  |
|  | Initiative |  |  |  |  |  |
|  | Team spirit |  |  |  |  |  |
|  | Willingness to follow instructions |  |  |  |  |  |
| The Work: | Attention to details |  |  |  |  |  |
|  | Customer handling skills |  |  |  |  |  |
|  | Interpersonal and communication skills |  |  |  |  |  |
|  | Job knowledge and skills |  |  |  |  |  |
|  | Quality of work |  |  |  |  |  |
|  | Reliability and responsibility |  |  |  |  |  |
|  | Contribution to the organization |  |  |  |  |  |

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(2) Please indicate overall grade of the student:

(3) Would you consider employing the student in future? Yes No

(4) Please provide a short statement indicating your overall impression of the student:

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**Please discuss this assessment report with the student and return the completed report to the student   
 upon completion of the internship.**

Signature of Supervisor: Date: Company or Department Chop:

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