

This form is to be completed by the Student's Employer at the midpoint of the semester.

 Student Name (Printed)

 Date of Visit

 Company Name

Visit Conducted:
 In-person Phone TEAMS

WBL Student's Employer / Supervisor:

Please appraise the student's overall performance at the time of this site visit by placing an X in the appropriate box.

	Outstanding	Very Good	Average	Below Average
Subject Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress on completing MLOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional attitude toward work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressed appropriately for work site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken/Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there a particular skill that you feel would have better prepared this student to come into this position and/or your company? Any additional comments you would like to share about this student and his/her performance?

Faculty Coordinator Comments:

 Employer / Supervisor Signature

 Employer / Supervisor Printed Name

 Date

 WBL Faculty Coordinator / WBL Official Signature

 WBL Faculty Coordinator / WBL Official Printed Name

 Date