



An Australian Government Initiative



## EMPLOYER ASSESSMENT OF STUDENT

**TO:** *youthconnections.com.au*  
**ATTN:** **WORK PLACEMENT TEAM**  
**FAX NO:** **4322 8622**  
**OR**  
**MAIL TO:** **PO BOX 1379, Gosford NSW 2250**

Employers – it would be appreciated if you would complete this assessment of the student you hosted for work placement and forward it to *youthconnections.com.au* either by fax or mail. We will forward this information to the student’s school.

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

Name of your Organisation: \_\_\_\_\_

Date of Work Placement: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Days absent: \_\_\_

Please indicate your impression of the student’s performance in the table below (tick boxes)

Personal Qualities	Not Acceptable	Below Average	Average	Above Average	Excellent
Attitude to the job					
Appearance & dress appropriate for job					
Ability to complete set tasks					
Punctuality					
Ability to work with others					
Initiative/ability to work unsupervised					
Ability to follow instructions					
Ability to work safely					
Suitability to this industry					