



STUDENT INDUSTRY PLACEMENT EVALUATION

Student Name: _____

Year: 10 / 11 / 12

Employer Name: _____

Work Placement Dates: From : _____ to : _____

Please circle the appropriate response for the questions asked below.

How did you enjoy your work?	Not at all	Some of the time	Most of the time	All of the time
How did you get on with your supervisor?	Not at all	Alright sometimes	Alright, Most of the time.	Really well, all of the time.
How difficult were the tasks you were asked to complete at work each day?	Harder than expected	Just right	Easier than expected	Too easy-boring
Was the work tiring?	Yes extremely	Some of the time	Not Really	Not at all
How much work were you given?	Not Enough	Just the right amount.	More than expected	Too much
Are you more confident working as a result of completing work placement?	Yes, a lot more confident.	Some of the time	A little bit	Not at all

What was the best part of work placement? _____

What was the worst part of work placement? _____

Did you learn new skills during the work placement? _____

List the main tasks that you did during your work placement. _____

Would you like to do this type of work after you leave school? _____

Any comments? _____

Students: Please complete this form after work placement and return it to your VET teacher.

Teachers: please return this form to Kris Rybak SWL Coordinator

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