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.

<table>
<thead>
<tr>
<th>Evaluator Name:</th>
<th>Phone Number:</th>
</tr>
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<tbody>
<tr>
<td>Title:</td>
<td>Email:</td>
</tr>
<tr>
<td>Organization:</td>
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<tr>
<td>Student Name:</td>
<td>Date of Evaluation:</td>
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Please evaluate the student in the following areas. Exceeded Expectations | Met Expectations | Failed to Meet Expectations | Not Applicable
---|---|---|---|
**PUNCTUALITY**
Reported at appropriate time
Departed at appropriate time
**PROFESSIONAL APPEARANCE**
Clothing
Grooming
**PROFESSIONAL CONDUCT**
Observed professional behavior of employees
Behaved professionally at workplace
**COMMUNICATION**
Related well to host and others
Asked appropriate questions
Demonstrated interest
**OVERALL EVALUATION**
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