

# Work Experience Education - Woodland Community College Employer Consultation Form

## Meeting with the Site Supervisor

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Employer/Supervisor's Name

\_\_\_\_\_  
Employer/Supervisor's Title

\_\_\_\_\_  
Employer/Supervisor's Email Address

\_\_\_\_\_  
Employer/Supervisor's Direct Phone Number

Workforce Progress: Please rate the student/employee/intern in the following areas:

Rating scale: (low) 1 2 3 4 5 (high)

### Thinking Skills

Decision making skills      1    2    3    4    5    N/A

Learning new tasks            1    2    3    4    5    N/A

Applying knowledge          1    2    3    4    5    N/A

### Personal Qualities

Accepting responsibility      1    2    3    4    5    N/A

Following instructions        1    2    3    4    5    N/A

Initiative in job              1    2    3    4    5    N/A

Appropriate attire            1    2    3    4    5    N/A

Attendance & punctuality    1    2    3    4    5    N/A

### Interpersonal Skills

Cooperation with others      1    2    3    4    5    N/A

Response to supervision      1    2    3    4    5    N/A

Representing your agency     1    2    3    4    5    N/A

*Comments:*

\_\_\_\_\_  
Employer/Supervisor's Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Instructor's Signature:

\_\_\_\_\_  
Date: