



EXPERIENTIAL LEARNING EMPLOYER EVALUATION

Spokane Community College
 Experiential Learning Office MS 2063
 1810 N Greene St
 Spokane WA 99217-5399
 509-533-7249
 FAX 509-533-8681

QUARTER/YEAR: Fall _____ Winter _____ Spring _____ Summer _____ Date _____

Student _____	Company/agency or employer _____	Work supervisor _____
Evaluation completion date _____ month _____ day _____ year _____		
Evaluation must be completed before a grade can be awarded.		

DIRECTIONS: Please check subheadings which best apply to the student.	Exceeds expectations	Above average	Average	Needs improvement	Not observed
1. ATTITUDE TOWARD	Work				
	Learning				
	Responsibilities				
2. APPEARANCE	Grooming				
	Dress				
3. DEPENDABILITY	Punctuality				
	Attendance				
	Completion of tasks				
4. COMMUNICATIONS	Written				
	Oral				
5. HUMAN RELATIONS WITH	Public				
	Fellow employees				
	Supervisor				
6. JOB KNOWLEDGE					
7. JOB SKILLS					
8. JOB PERFORMANCE	Adequate output				
	Accurate and timely				
	Acceptable quality				
9. OVERALL RATING					

Outstanding qualities _____

Recommended areas to improve _____

Has this evaluation been discussed with the student? Yes No

Employer's signature _____