



St Colmcille's Community School

Scholarstown Road, Knocklyon, Dublin 16.

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Report on Student's Progress during Work Experience

(To be completed by the person under whose direction the student is placed)

Name of Student: _____

Class: _____

Name and Address of Organisation	Nature of Work Experience	Number of Days spent working in Organisation

RATING

Excellent Good Fair Poor

1. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Time Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to follow instructions and learn new skills and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Level of competence in completion of task given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall attitude towards the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to communicate with staff, supervisors and the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Suitability for this type of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PTO

Attendance: - The above student attended _____ of _____ days.

Work Placement _____

Signature _____ **Date** _____

Any further information
