

## WORKFORCE CONTINUING EDUCATION (WCE) WORK BASED LEARNING (WBL) EMPLOYER CONSULTATION

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

Class \_\_\_\_\_

On site     Telephone     Other (specify) \_\_\_\_\_

Date of Consultation: \_\_\_\_\_

Student's performance at this time:

	Unsatisfactory	Satisfactory	Exceptional
Knowledge of subject			
Relations with coworkers			
Attitude toward work			
Reaction to supervision			
Quality of work			
Punctuality			
<b>OVERALL PERFORMANCE</b>			

Comments:

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Supervisor Signature

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Faculty Coordinator Signature