



### Student Performance Evaluation

(Please complete this form and return it to the Work-Based Learning Coordinator no later than \_\_\_\_\_.)

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_

Business/Employer \_\_\_\_\_

Assigned Supervisor \_\_\_\_\_

Work-Based Learning Coordinator \_\_\_\_\_

School \_\_\_\_\_

Evaluation Period \_\_\_\_\_ / 20 to \_\_\_\_\_ / 20

**NO** - Not observed during evaluation period

**NA** - Level of performance not acceptable, student unable to perform task

**Novice (1)** - Task performed with assistance, student unable to complete task on own.

**Developing (2)** - Task performed with monitoring by supervisor, occasional questions asked

**Proficient (3)** - Task performed independently and meets industry standards

**Mastery (4)** - Task performed consistently at a level which exceeds industry standards and employer expectations

Area/Task Assigned	Level of Attainment						Comments
	NO	NA	1	2	3	4	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Work-Based Learning Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_