

Work-Based Learning Mid-Term Employer Site Visit Report

This form is to be completed by the Student's Employer at the midpoint of the semester.

Student Name (Printed)

Date of Visit

Company Name

Visit Conducted:

☐ In-person ☐ Phone ☐ TEAMS

WBL Student's Employer / Supervisor:

Please appraise the student's overall performance at the time of this site visit by placing an X in the appropriate box.

	Outstanding	Very Good	Average	Below Average
Subject Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress on completing MLOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional attitude toward work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressed appropriately for work site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken/Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there a particular skill that you feel would have better prepared this student to come into this position and/or your company? Any additional comments you would like to share about this student and his/her performance?

Faculty Coordinator Comments:

Employer / Supervisor Signature

Employer / Supervisor Printed Name

Date

WBL Faculty Coordinator / WBL Official Signature

WBL Faculty Coordinator / WBL Official Printed Name

Date