

# 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