

Newpark Comprehensive School



WORK EXPERIENCE REPORT

To be completed by the person under whose direction the student is placed and returned to the student's form teacher at Newpark

Name of Student: _____

Form Teacher: _____

Name of Firm: _____

Date of Work Experience: From _____ To _____

Nature of Business: _____

COMMENTS

Attendance: _____

Punctuality: _____

Willingness to listen: _____

Ability to follow instructions: _____

Technical Skills: _____

Enthusiasm: _____

Capacity to work unsupervised: _____

Ability to get on with fellow workers: _____

Suitability for this type of work: _____

Other relevant comments: _____

Signed _____ Date _____

NOTE : *If you wish to furnish a more personalised reference in respect of the student named above, please return it to the school with this form.*