



Workplace Practices
Workplace Supervisor's Report

Students Name: _____
 Name of person completing this report: _____
 Role: _____
 Organisation: _____
 Telephone: _____
 Dates of placement: _____

Description of task(s) performed:

Checklist for person completing this report. Please tick (✓) the appropriate boxes.

This Student	Always	Usually	Sometimes	Rarely
Was enthusiastic				
Was eager to learn				
Related well to other workers				
Related well to customers or clients				
Could be relied upon to do the job				
Was suitably dressed				
Displayed good time management in arriving on time and carrying out tasks				
Asked questions				
Carried out instructions promptly				
Aware of, and follows, OHS&W workplace guidelines				
Applied skills appropriately				
If applicable, showed initiative in applying known procedures to unfamiliar tasks				
Worked effectively on individual and/or group tasks				
Showed awareness of safety aspects				
Was sensitive to the needs of this workplace				
Showed understanding of this organisation				

Overall assessment of student performance in the workplace:

Please tick (✓) one box in each section to indicate how you would rate this student's performance.

Comments		
Knowledge & Understanding	In-depth knowledge and understanding of industry and work	<input type="checkbox"/>
	Some depth of knowledge and understanding of industry and work	<input type="checkbox"/>
	Informed level of knowledge and understanding of industry and work	<input type="checkbox"/>
	A narrow understanding of industry and work knowledge	<input type="checkbox"/>
	Emerging knowledge of work	<input type="checkbox"/>
Application	Advanced application of extensive work and workplace knowledge	<input type="checkbox"/>
	Sound application of broad work and workplace knowledge	<input type="checkbox"/>
	Appropriate application of work and workplace knowledge	<input type="checkbox"/>
	Basic application of some work and workplace knowledge	<input type="checkbox"/>
	Limited application of work and workplace knowledge	<input type="checkbox"/>
Interaction	Highly productive and clear interaction in the workplace and with others	<input type="checkbox"/>
	Productive and clear interaction in the workplace and with others	<input type="checkbox"/>
	Competent interaction in the workplace and with others	<input type="checkbox"/>
	Some interaction in the workplace and/or with others	<input type="checkbox"/>
	Limited interaction in the workplace or with others	<input type="checkbox"/>
Communication	Detailed and well-constructed communication of a range of industry knowledge, work skills, and/or workplace learning experiences	<input type="checkbox"/>
	Mostly well-constructed communication of industry knowledge, work skills, and/or workplace learning experiences	<input type="checkbox"/>
	Informed communication of industry knowledge, work skills and/or workplace learning experiences	<input type="checkbox"/>
	Partial communication of some aspects of industry knowledge and workplace skills, and /or of some detail of one or more workplace learning experiences	<input type="checkbox"/>
	Some attempt to communicate on one or more aspects of industry knowledge, work skills, and/or a workplace learning experience	<input type="checkbox"/>

Employer/Supervisor's comments:

Teacher's comments:

Student's comments (optional):

Signature of person
completing this form

Teacher's Signature

Student's Signature