



Work Experience Block

Form 1: Student Preparation for Work Experience

Work Experience Tutor: _____

Work Experience (Date:_____)

Location of Work Experience:_____

Sector of Work Experience:_____

Contact Person:_____

Contact Number:_____ Email_____

Reason I chose this work placement:

Each day I will expected to be at my placement at _____ and I will finish at _____

How Will I be Getting to my Placement? _____

Dress Code: What Will I be expected to wear and will I need to bring any special equipment?

Signed: _____

Student

Parent/Guardian

WE Tutor

Form 2: Student Reflection On Work Experience

Show this to Work Experience tutor within one week of returning from WE

1. Why did you select this placement as one of your work experience weeks? What did you hope to get out of it?

2. At the end of your placement, do you feel that you have achieved these goals and has the placement made you feel differently about a possible future career in the area?

3. What was the most beneficial aspect of this week of work experience for you (Be Specific)

4. Was there any part of the experience that you felt was not beneficial?

5. Describe one challenging situation that you encountered on the work placement and how you dealt with this situation

6. Has the placement helped you with the development of new skills or helped to improve skills that you already possessed? Please detail these below.

7. **Final Summary:** Do you have any final reflections on any area of your work placement?

Signed: _____

Student

Parent/Guardian

WE Tutor

Form 3:Employer Evaluation

Show this to Work Experience tutor within one week of returning from WE

Student Name: _____

Employer Name: _____

Employer Address: _____

Employer Contact Email/Phone: _____

At the end of the placement please rate the student by placing a tick in the appropriate boxes. Many thanks for taking the time to fill out this evaluation. You can contact me directly at ciaranmurphy@stpatcs.com

| <i>Rating</i> | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> |
|------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>1. Attendance</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>2. Time Keeping</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>3. Ability to follow Instructions and learn new skills and procedures</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>4. Level of competence in completion of tasks given</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>5. Initiative</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>6. Overall attitude towards the job</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>7. Ability to communicate with staff, supervisors and the public</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>8. Suitability for this type of work</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any additional comments you would like to make:

Signed: _____

Date: _____

Occasionally, students may not be able to secure Work placements. Please tick this box if you are willing to be contacted in future about accepting a transition year work experience from St Pats.