**Pupil Feedback Form**

Pupil’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From the following areas please comment on the pupil’s performance, indicating a minimum of 3 areas in which you feel the pupil performed well.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Good | Good | Fair | Poor | Remarks |
| Attendance |  |  |  |  |  |
| Timekeeping |  |  |  |  |  |
| Appearance |  |  |  |  |  |
| Self-Confidence |  |  |  |  |  |
| Enthusiasm |  |  |  |  |  |
| Adaptability |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Willingness to learn |  |  |  |  |  |
| Attitude to work |  |  |  |  |  |
| Ability to organise work |  |  |  |  |  |
| Ability to mix |  |  |  |  |  |
| Potential for this kind of work |  |  |  |  |  |
| Ability to follow instructions |  |  |  |  |  |
| Attitude to Health & Safety |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |
| Co-operation with others |  |  |  |  |  |
| Awareness of others needs |  |  |  |  |  |

Please add any comments overleaf which you feel may be useful.

Supervisor’s Signature: ...........................................................

Date: ...........................................................................