



FAST-TRACK EMPLOYER EVALUATION

To be completed by the employer at the end of the practicum and returned to the student or SAIT.
The form may be submitted via email as a PDF to work.experience@sait.ca or faxed to 403-210-4523.

This form is worth 50 marks and must be returned to the Work Experience coordinator within 7 days of completing your practicum. You will lose one mark per day if this form is submitted late.

If you need further information on the SAIT Practicum program please contact work.experience@sait.ca or 403-210-5631.

Name of Student: _____

Program: _____

Company: _____

Address: _____

Supervisor: _____

Title: _____

Phone No. _____

Email: _____

Practicum Start Date _____

Practicum End Date _____

Supervisor's Signature _____

Date _____

Please evaluate this student as a worker within your company. If at all possible, please discuss this evaluation with the student before returning it to SAIT.

Attributes	Excellent	Very Good	Good	Fair	Unacceptable
Understanding and following instructions					
Initiative/ Self-Direction					
Organization and planning					
Troubleshooting & problem solving					
Attention to detail					
Dependability/ Meeting deadlines					
Relations with others/Teamwork					
Quality of Work					
Written/Verbal Communication					
Attendance/ Punctuality					

Did this student achieve the 3 learning goals set out on their Learning Contract that they signed at the

beginning of their practicum. Yes _____ No _____ Partly _____

Supervisor's Signature _____ Date _____

Major Strengths: _____

Areas for Improvement: _____

The student's technical skills:

_____ were beyond my expectations

_____ met my expectations

_____ were less than I expected

Comments:

Would you consider this student prepared for contract or permanent employment?

Yes _____ No _____

Have you discussed this evaluation with the student?

Yes _____ No _____

Would you be interested in students with different skill sets from your current student?

Yes _____ No _____

If yes, what skills would be useful to you?

Would you or your company be interested in participating in program focus groups or Advisory Committees (1/2 day time commitment where you can give feedback on course content)?

Yes _____ **No** _____

If yes, please provide contact information.

Would you or your company be interested in being a guest speaker for the program (1 hour time commitment)?

Yes _____ **No** _____

If yes, please provide contact information.

Does your company have any current training needs that SAIT could provide through customized training? If so, please specify, and we will have a Business and Industry Coordinator contact you.

Additional comments and observations: _____

