



Training and Development Provider

# Cert 1 RETAIL OPERATIONS

## STUDENT WORK PLACEMENT

### EVALUATION FORM

Semester ..... 20.....

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

School: \_\_\_\_\_

Year level: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Name of Workplace: \_\_\_\_\_

Work Placement Dates: \_\_\_\_\_

Please list the activities undertaken on your work placement:

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What did you learn most on your work placement?

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What did you enjoy the most about your work placement?

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How would you rate your work placement experience?

Excellent       Very Good       Good       Satisfactory

Would you recommend to a fellow student to use this work placement?

Yes       Maybe       No       Not sure

Were you offered part-time employment during your work placement?

Yes       No

If you have any general comments or feedback this would be most appreciated.

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**Please complete this form at the end of your work placement and return this form along with your logbook to your trainer at the first lesson back after the school holidays.**