

CONNECT

The Northern Rivers Community Partnership for Young People

Shop 2-4,
106 Conway Street
LISMORE NSW 2480

Telephone 02 6622 4199
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Please leave
your
completed
form with
your VET
teacher.

Student's Feedback

Name: _____

Year: _____

Course: _____

School / TAFE: _____

Did you complete the student diary?	Yes	No	
Did you receive, use, return your student name badge?	Receive	Use	Return
Do you feel you were adequately prepared for work placement by your school / TAFE teachers?	Yes	No	Undecided
Were you aware of your rights and responsibilities during the work placement?	Yes	No	
Was transport to the worksite a problem?	Yes	No	Sometimes
Was it difficult to meet the host employers hours of work?	Yes	No	Sometimes
Did the host employer make you feel welcome / part of the team?	Yes	No	
Did the tasks you were given in the workplace relate to your course?	Yes	No	Not Sure
Would you recommend this employer for future work placements?	Yes	No	Undecided

What did you enjoy most about this work placement?

What did you enjoy least?

What new skills did you gain during this placement?

Comments:

Thank you for your comments!