



Please
leave your
completed
form with
your VET
teacher.

Student's Feedback

Name: _____ **Year:** _____
Course: _____ **School / TAFE:** _____
Employer Name: _____

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

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!