

CFE Employer Feedback Form

To be completed by the employer at the conclusion of the CFE

The information shared by the employer may be used in the teacher/CFE facilitator’s conferencing with the student during their reflection after the completion of the CFE.

Student: _____ Date: _____

School: _____

Teacher/CFE Facilitator’s Name: _____

Email _____

Employer’s Name: _____

Title: _____

Business or Organization Name: _____

Please provide your feedback on the CFE student’s characteristics and essential skills by placing a check mark (✓) in the applicable boxes, with 1 being *Unacceptable*, 5 being *Exceptional*, and NA being *Not Applicable*.

	Unacceptable	Needs Improvement	Average	Above Average	Exceptional	N/A
	1	2	3	4	5	N/A
Dependability						
Attendance						
Completion of projects						
Quality of work						
Ability to communicate—oral						
Ability to communicate—written						
Courtesy with staff and customers						
Ability to work on a team						
Willingness to follow directions						
Cooperation						

continued

CFE Employer Feedback Form *(continued)*

	Unacceptable	Needs Improvement	Average	Above Average	Exceptional	N/A
	1	2	3	4	5	N/A
Willingness to ask questions to gain understanding						
Willingness to follow safe work procedures and policies						
Willingness to wear personal protective equipment as required						
Willingness to ask questions when unsure of how to do a task safely or correctly						
Ability to demonstrate a safe and responsible attitude						
Problem-solving skills						
Openness to learning new skills						
Use of good judgment						
Appropriate dress and appearance for work						
Ability to demonstrate initiative: self-starter						
Ability to accept feedback and constructive criticism						
Motivation to learn						
Positive work ethic						
Use of technology appropriate to required employment tasks or responsibilities						
Ability to demonstrate skills related to this employment						

continued

CFE Employer Feedback Form *(continued)*

1. What do you perceive to be this student's greatest strengths?

2. In what area(s) does this student need to improve?

3. Additional comments:

Employer's Signature: _____ Date: _____

Please email this form to the student's teacher/CFE facilitator.

Thank you for your participation.