**WORK EXPERIENCE PLACEMENT – INTERNAL FEEDBACK FORM**

Department:

Dates from: to:

Name of supervisor:

Role undertaken:

Student Name: Student Age:

School/College:

| **Aim** – What was the overall aim of the placement? |  |
| **Objectives** – What objectives were set and were they achieved? |  |
| **Successes** – Which elements of the placement went well? |  |
| **Improvements** – Which elements of the placement could have been improved? |  |
| **Costs** – Were any costs incurred by the department in supporting the placement? |  |
Overall how would you score the placement in terms of its aims and objectives?

- **Excellent** – The aim and objectives were all met or exceeded.
- **Good** – The aim and objectives were all met.
- **Adequate** – The overall aim was met, but some of the other objectives were not.
- **Poor** – The overall aim of the project was not met.

Additional Comments: (please include any information you feel would be useful for the planning of future work experience placements)

Overall how would you score the placement in terms of administration?

- **Excellent** – The administrative arrangements contributed fully to the success of the placement.
- **Good** – Any minor administrative problems were overcome easily without detracting from the success of the placement.
- **Adequate** – Administrative arrangements needed effort to resolve problems, but did not have significant impact on the success of the placement.
- **Poor** – Administrative arrangements were inadequate, required considerable effort to resolve problems and had a detrimental impact on the overall success of the placement.

Additional Comments: (please include any information you feel would be useful for the planning of future work experience placements)
Name:  
Signed:

Date:

Please send completed form to your customary HR Adviser. Information provided will be treated in confidence and will be used to identify potential improvements for future work experience placements.