

Parent: Please complete Section 1 before giving to employer with a stamped envelope addressed to the school.

Employer: Please complete Section 2 and return directly to the school in the stamped addressed envelope provided.

Assessment Form

Section 1: to be completed by parent/student.

Ainm an Dalta: _____

Company/Organisation:

Name: _____

Address: _____

Workplace: _____

Section 2: to be completed by the employer.

1. Did the student attend work every Friday? Yes ☐ No ☐
If he/she was absent please mention date(s) of absenteeism and the reason given:

2. Please rate the student's performance under each of the following:
(4 = Excellent; 3 = Good; 2 = Fair; 1 = Poor)

Communication skills	<input type="checkbox"/>	Performance of tasks	<input type="checkbox"/>
Willingness to learn	<input type="checkbox"/>	Initiative	<input type="checkbox"/>
Co-operation with management	<input type="checkbox"/>	Interest	<input type="checkbox"/>
Use of equipment	<input type="checkbox"/>	Quality of work	<input type="checkbox"/>
Co-operation	<input type="checkbox"/>	Punctuality	<input type="checkbox"/>

4. Any Additional comments: _____

Company Stamp:

Date:

Employer's Signature:

Foirm 5

Tuismitheoir: Líon isteach Cuid 1 agus tabhair don fhostóir, le clúdach litreach faoi stampa is seoladh na scoile air.

Fostóir: Líon isteach Cuid 2 agus seol an fhoirm seo thar n-ais díreach go dtí an scoil sa chlúdach litreach le seoladh na scoile faoi stampa a thug an dalta duit, le do thoil.

Foirm Mheasúnachta

Cuid 1: le comhlánú ag an tuismitheoir/dalta agus le tabhairt don bhfostóir

Ainm an Dalta: _____

Comhlacht/Eagras:

Ainm: _____

Seoladh: _____

Ionad Oibre: _____

Cuid 2: le comhlánú ag an bhfostóir.

An raibh an dalta i láthair ag an obair gach aon Aoine? Bhí ☐ Ní raibh ☐

Sa chás go raibh an dalta as láthair luaigh an dáta agus an chúis ar tugadh le do thoil:

Déan caighdeán an dalta a mheas faoi gach teideal díobh seo a leanas le do thoil:

(4 = Ar fheabhas; 3 = Go maith; 2 = Measartha; 1 = Lag)

Scileanna cumarsáide	<input type="checkbox"/>	Comhlíonadh na dtascanna	<input type="checkbox"/>
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Toil foghlama	<input type="checkbox"/>	Tionscanaíocht	<input type="checkbox"/>
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Comhoibriú le bainistíocht	<input type="checkbox"/>	Suim	<input type="checkbox"/>
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Caighdeán na hoibre	<input type="checkbox"/>	Úsáid trealaimh	<input type="checkbox"/>
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Comhoibriú le baill foirne eile	<input type="checkbox"/>	Poncúlacht	<input type="checkbox"/>
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Aon tuairimí eile: _____

Stampa an Chomhlachta:

Dáta: _____

Síniú _____