

Appendix D - Employers Employment Review Form

Faculty of Management & Law



PROFESSIONAL TRAINING
BSc (Honours) Management Degree Programmes

EMPLOYER'S EMPLOYMENT REVIEW

Company/Organisation: _____

Student: _____

Dates of Employment: From _____ to _____

(For University use only)

Overall Grade:

Guide to completion of this form:**Employers or Managers should complete this report in collaboration with the student.**

Please complete all relevant sections

The marks awarded here are added together with marks awarded by the student's tutor and the mark the student receives for their written report and the total goes towards their Degree. The completion and return of this report is therefore vital to the student's overall mark and degree.

The criteria are the same as those used throughout the placement.

Students must sign the completed review on the back page

Please circle the value in the appropriate column-

***Note 1:** Please indicate using **NA** in the importance (Imp) column if the aspect of performance is not applicable to the post

Imp	Aspect of performance	Outstanding		Good		Fair		Poor	
	Appearance:	8	7	6	5	4	3	2	1
	Punctuality:	8	7	6	5	4	3	2	1
	Reliability at work	8	7	6	5	4	3	2	1
	Initiative, Proactivity	8	7	6	5	4	3	2	1
	Role specific knowledge/skills	8	7	6	5	4	3	2	1
	Communication skills	8	7	6	5	4	3	2	1
	Interpersonal Skills	8	7	6	5	4	3	2	1
	Customer Skills & Interaction	8	7	6	5	4	3	2	1
	Management Potential	8	7	6	5	4	3	2	1
	Decision making	8	7	6	5	4	3	2	1
	Attitudes	8	7	6	5	4	3	2	1
	Overall Performance	8	7	6	5	4	3	2	1

What specific strengths or aptitudes has the student shown during his/her time with you?

What specific weaknesses or challenges does the student still need to address?

ASSESSMENT OF JOB ACTIVITIES

Outline of job activities/ Main Responsibilities	
Progress during the year	
Additional comments (contribution etc)	

What is your opinion of the student's potential ability to attain a suitable managerial position?

Would you consider him/her suitable for employment with you at the end of their degree course? If so, in what capacity?

Total Number of legitimate absences _____ **days**
(Legitimate absences include annual leave and sick leave)

Total number of unauthorised absences _____ **days**

Student's comment on this evaluation and feedback
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Date:_____ **Signed (Employer)**_____

Please complete (or attach your business card)

Name _____

Position _____

Telephone number _____

We may contact you to verify any comments made.

Date:_____ **Signed (Student)**_____

Thank you for your help and co-operation, it is much appreciated

Please send the completed form prior to the student's departure from your company to:

**The Professional Training Administrator
School of Management
Faculty of Management and Law
University of Surrey
Guildford
Surrey GU2 7XH
Tel: 01483 682127**

PT 2008