

Work Experience Monthly Review Form

Student Name:							
Work Experience Placement Representative Name:							
Date of Review: Period of Review Covered (Month):							
5 = Excellent							
4 = Good							
3 = Satisfactory							
2 = Requires Improvement							
1 = Unsatisfactory							
1. Attendance and Punctuality: Please comment on any notable lateness or absences.							
1	2	3	4	5			
Comments:							
2. Ability and Willingness to Follow Instructions:							
1	2	3	4	5			
Comments:							

OIEG Oxford International Education Group Work Experience Monthly Review Form



3. General Performance: Please provide details if assigning a grade 1 or 2.						
1	2	3	4	5		
Comments:						
4. Additional C	omments:					
Comments:						
Work Experienc	ce Placement Represe	ntative Name:				
Signature:						
Date:						

Thank you for taking the time to complete this form. If would like to provide further feedback, please email XXXXXXXXXXXXXXXX at XXXXXX@oxfordinternational, or call us at 604-688-7942.