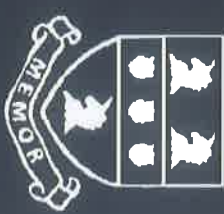


# EMPLOYER'S REPORT ON TRANSITION YEAR WORK EXPERIENCE

ST. GERARD'S SCHOOL  
THORNHILL ROAD,  
BRAY, CO. WICKLOW.  
TEL 2821822  
FAX 2821197



Student's Name \_\_\_\_\_

Date: \_\_\_\_\_

Name and address of Organisation		Nature of Experience.					General Comments.
Name: _____ Address: _____ _____ _____ _____		_____ _____ _____ _____ _____					_____ _____ _____ _____ _____
Qualities	1	2	3	4	5	_____ _____ _____ _____ _____	
Punctuality and time-keeping						_____ _____ _____ _____ _____	
Relationship with Supervisors						_____ _____ _____ _____ _____	
Relationship with Employees						_____ _____ _____ _____ _____	
Ability to complete tasks well						_____ _____ _____ _____ _____	
Attitude towards job						_____ _____ _____ _____ _____	

**1 = Unsatisfactory    2 = Acceptable    3 = Good    4 = Very Good    5 = Exceptional**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Company Stamp