**Work Performance  
Self-Evaluation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: | |  | | Date: |  |
| Work experience location: | | |  | | |
| Job Duties: |  | | | | |

I received enough of training to do my job well?

Strongly disagree  Disagree  Agree  Strongly Agree

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My supervisor gave me feedback on my job performance?

Strongly disagree  Disagree  Agree  Strongly Agree

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What skills have you learned that will help you in future jobs?

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What was the best part of your work experience?  
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What was the most challenging part of your work experience?  
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