

**Rhodes Wellness College
PRACTICUM HOST EVALUATION**

Student Name: _____ Practicum Host: _____
 Practicum Position Title: _____ Host Contact Name: _____
 Total Hours/Days Worked: _____ Host Contact Email: _____
 Attendance: _____ Host Phone Number: _____
 Days Absent: _____ Days Late: _____

Work Habits	Excellent	Good	Poor
1. Punctuality (including breaks)			
2. Personal appearance and hygiene			
3. Understands organization's expectations and goals			
4. Ability to get along with co-workers			
5. Ability to work with the public			
6. Ability to work unsupervised			
7. Willingness to accept constructive criticism			
8. Uses own initiative			
9. Demonstrates positive attitude towards work			
10. Uses time efficiently			
11. Reliability			
12. Integrity and honesty			
13. Overall professionalism			
14. Would you have this person return?	Yes	Maybe	No
15. If a suitable position became available, would you hire this person?	Yes	Maybe	No

Concerns or queries expressed by practicum host: _____

Practicum host's suggestions for improvement: _____

General Comments: _____

Practicum Host Signature: _____ Date: _____

Please provide a completed copy of this form to the practicum student to return to Rhodes Wellness College, or alternatively, fax it to (604) 708-4418 or mail it to Rhodes Wellness College, #280 – 1125 Howe St., Vancouver, BC, V6Z 2K8

Thank you for taking the time to complete this feedback form