

# Work try-out feedback form

To be filled out by the implementer of the work try-out

With this form, the implementer of the work try-out assesses the suitability of the person participating in the work try-out for the work, profession or industry in question. If the work try-out is arranged to support the participant's re-entry into the labour market, we ask that the implementer also assess the participant's working life capabilities and skill development needs. The objective is to achieve an appropriate assessment of the results of the work try-out to support the participant's further plans. Helsinki Employment Services will forward the feedback form filled out by the implementer to the participant.

Name of the work try-out participant:

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Personal identity code:

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Work try-out location:

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Name and phone number of the person giving feedback:

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Work try-out time:

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Duties performed by the work try-out participant:

Check the box that in your view best describes the person being assessed:

Work try-out participant	Poorly	Passably	Satisfactorily	Well	Excellently	Cannot be assessed
1. Is able to plan their work in advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Takes on work duties without delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Performs duties carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gets things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is reliable and responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is capable of independent work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adapts to the work community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is capable of serving customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What strengths and development challenges did the work try-out participant exhibit during the try-out?

Assess the suitability of the work try-out participant:

	Not suitable	Poorly suited	Quite well-suited	Well-suited
Suitability for the industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitability for the work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitability for the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Grounds:

Does the work try-out participant need training in order to find work in the industry or duties in question? If so, what kind of training?

Does the work try-out participant need aids or the help of another worker in order to manage at work? Is there a need to change the conditions of the workplace or acquire furnishings/work equipment?

- ☐ No
- ☐ Yes, please specify: \_\_\_\_\_

What is your assessment of the work try-out participant's work ability and/or productivity in the duties assigned to them in relation to employees performing similar duties at your workplace?

Is it possible for you to employ the work try-out participant?

☐ Yes

☐ No

Would you like to receive more information about pay subsidies for employers?

☐ Yes

☐ No

Are you willing to have more people participate in work try-outs in the future?

☐ Yes

☐ No

Place and date: \_\_\_\_\_

Signature

Name in block letters: \_\_\_\_\_

Thank you for your response. Please return this form either by post or in person to the official in charge of the work try-out. If you would like to discuss matters related to the work try-out, you will be provided with further information by the official in charge of the work try-out.

Contact information of the person in charge:

Name:

\_\_\_\_\_

Labour authority:

\_\_\_\_\_

Address:

\_\_\_\_\_

Tel.:

\_\_\_\_\_

Email:

\_\_\_\_\_