

# Work try-out feedback form

To be filled out by the work try-out participant

We would like you to assess how your work try-out went **in your own opinion**. Your assessment will be useful when drawing up further plans for you. A representative of the work try-out location will also give feedback on your try-out.

Name of the work try-out participant:

---

Personal identity code:

---

Work try-out location:

---

Work try-out time:

---

Duties I performed during the try-out:

Check the box that in your view best describes your work try-out:

	Poorly	Passably	Satisfactorily	Well	Excellently	I cannot say
1. I am able to plan my duties / activities in advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I take on work duties without delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I perform duties carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I get things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am reliable and responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am capable of independent work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I adapt to the work community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am capable of serving customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of your duties in the work try-out went well?

Which duties did not go well or did you not like?

How did the work try-out affirm or change your plans?

Did anything come up during the work try-out that prevented or hindered your performance of the duties agreed upon?

Did the work try-out reveal that you need further training or other support in order to manage with the duties involved?

How are you planning to continue from here?

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: