



ANDREWS ACADEMY

Work Experience Evaluation

Student's Name _____ I.D. # _____

To earn the required 0.5 units of credit for Work Experience, the student is to arrange a job and discuss the possibility of fulfilling the Work Experience credit as part of this employment-180 hours of successful employment are required for graduation. The student must obtain the employer's agreement to supervise, evaluate, and complete this form. In the event a student is unable to work due to visa issues, etc., 90 hours of volunteer time is acceptable. **Work is a paid job outside the home. Volunteer hours may not be part of required school activities—such as community service day, NHS service activities—part of class/school officer responsibilities, or other similar activities.**

Company Name _____

Employer's Name _____ Phone Number: _____

Description of Duties _____

Evaluation	Outstanding	Good	Average	Fair	Poor
Punctuality	5	4	3	2	1
Dependability	5	4	3	2	1
Responsibility	5	4	3	2	1
Loyalty	5	4	3	2	1
Willingness to Follow Directions	5	4	3	2	1
Integrity	5	4	3	2	1

Please indicate the beginning/ending dates of employment and the total number of hours this student has worked:

Dates _____ To _____ Total Hours _____ Volunteer Paid

Has this student worker been an asset to the organization during the time of his/her WORK EXPERIENCE?
(Please give a written response with specific comments about the employee.)

Do you recommend this student for further employment?

- Yes, without hesitation, I do!
- Yes, he/she will do okay.
- Yes, but with careful supervision
- This student did not do well for my organization, but may do better under someone else's direction
- No, I do not recommend further employment at this time.

For office use:
Credit _____
Initials _____
Date _____

Evaluator's Signature _____ Date _____