



ANDREWS ACADEMY
Berrien Springs, MI 49104-0560
Phone: 269.471.3138; Fax: 269.471.6368

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.

Company Name _____

Employer's Name _____

Description of Duties

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

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 _____