

## 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 \_\_\_\_\_

Evaulation	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 \_\_\_\_\_

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.

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use:
Credit _____
Initials _____
Date _____