

CENTRAL CHRISTIAN ACADEMY

PO Box 741600

Orange City, FL 32774

Phone (407) 332-6988

Leslie Rawle / School Director

Student Work Experience

Dear Employer,

Thank you for taking the time to fill out this form for our school. We consider the work experience of our students to be an important part of their High School learning experience. The information you provide us will be of utmost importance. Please be honest and candid. Your comments will be held in strict confidence. The information you provide us will be used to evaluate the student. Upon completion, please return this form to us in the envelope provided.

Name of Student/Employee _____ Date of Birth _____

Parent or Guardian _____

Name of Employer _____ Name of Supervisor _____

Date student began working _____ Average hours of work per week _____

Is Student/Employee still employed? _____

Please give a brief job description of employee: _____

| Employer's Evaluation of Student/Employee | | |
|---|----------------------|--------------------------------|
| Respect for Authority and Following Directions: | | |
| <i>Above average</i> _____ | <i>Average</i> _____ | <i>Needs Improvement</i> _____ |
| Dependability and Promptness: | | |
| <i>Above average</i> _____ | <i>Average</i> _____ | <i>Needs Improvement</i> _____ |
| Works well with People: | | |
| <i>Above average</i> _____ | <i>Average</i> _____ | <i>Needs Improvement</i> _____ |
| Thoroughness, accuracy, conscientiousness: | | |
| <i>Above average</i> _____ | <i>Average</i> _____ | <i>Needs Improvement</i> _____ |
| Neat, Clean Appearance: | | |
| <i>Above average</i> _____ | <i>Average</i> _____ | <i>Needs Improvement</i> _____ |
| How would you rate the overall performance of this employee: | | |
| <i>Above average</i> _____ | <i>Average</i> _____ | <i>Needs Improvement</i> _____ |

Please Give Your Personal Comments:

Name of Person Completing this Form: _____
Please Print Name

Your Job Title: _____

Your Signature: _____ Date: _____

Phone # to reach you by. We may call you to verify the filling out of this form: _____

THANK YOU!

Please return in Envelope Provided

| |
|---|
| School Office use only: Verified: _____ Date Credit Awarded: _____ Initialed by: _____ |
|---|