



AMERICAN CHRISTIAN ACADEMY

Work Experience Evaluation Form

_____ is enrolled in Work Experience at _____
 Student's name Place of employment

Evaluation period: (____ / ____ / ____) to (____ / ____ / ____)

	Excellent	Good	Needs Improvement
Punctual			
Appearance			
Responsible			
Honest			
Work Habits			
Work well w/others			
Work well on their own			

Comments: _____

The above evaluation was conducted by my Supervisor, _____
 Supervisor signature

Work Experience evaluation forms should be completed every Quarter of the school year and once during the summer. Please send this form or a copy of it to the address below.