



Christian Institute of Arts & Sciences

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WORK EXPERIENCE EVALUATION FORM

Student's Name: _____ Grade: _____ 20____-20____

Company/Firm Name: _____

Address: _____ City: _____ State: _____

Phone #: _____

Name of Evaluator: _____ Position: _____

Responsibilities:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Character Evaluation: E- Excellent G- Good A- Average P- Poor

- | | |
|--------------------------------|--------------------------------|
| 1. Attitude on the Job _____ | 5. Work Habits _____ |
| 2. Punctuality _____ | 6. Follows Instructions _____ |
| 3. Appearance _____ | 7. Willingness to Learn _____ |
| 4. Completes Assignments _____ | 8. Ability to Handle Job _____ |

Other Comments or Recommendations:

Student's Signature _____ Date _____

NOTICE: This form must accompany the **Work Experience Activity Form** to earn high school credit

Supervisor's Signature: _____ Date _____

(Required to validate grade report)

Grade: A+ A A- B+ B B- C+ C C- D F

"I have no greater joy than to hear that my children walk in truth."