



Supervisor's Work Skills Feedback

Please evaluate the student below on their work experience with you. There is a separate log that requires the student to keep track of their time worked.

Student Name (Print Legibly): _____ Student ID #: _____

Parent/Guardian's Name (Print Legibly): _____

Employment Location / Job Performed: _____

Supervisor's Name: _____ Phone: _____

Supervisor's Email: _____

Please check the boxes of where you feel the student is performing

Professional Skill	Never	Rarely	Sometimes	Frequently
TEAM MEMBER Works well with others. Demonstrates good communication skills and encourages other team members.				
RESPONSIBLE Is a self-starter; sees a task that needs to be done and does it without being asked; follows directions.				
HONESTY/INTEGRITY Can be trusted to follow the rules, even when the supervisor isn't present; keeps their word.				
DEPENDABILITY/FOLLOW-THROUGH Works diligently to complete tasks; alerts supervisor to problems or delays.				
GOOD ATTENDANCE/ON-TIME Can be depended to be at work unless he/she has a good reason, like an illness; is on time to begin work.				
ACCURACY OF WORK Is careful and avoids mistakes and, if he/she makes one, alerts the supervisor and fixes the mistake; pays attention to details				

SUPERVISOR SIGNATURE _____ **Date** _____

STUDENT SIGNATURE _____ **Date** _____

**PARENT/
GUARDIAN SIGNATURE** _____ **Date** _____

Student is 18+



Work Experience for Credit Work Log

Instructions: Students must obtain a job and complete this log sheet to indicate the hours worked towards the 120-hour minimum for 0.5 credits. Students may repeat the experience to earn a maximum of 2 credits. **The responsibility of securing all the documentation and applying for the credit falls solely on the student.**

*Only include weeks in which hours were worked. Additional pages may be added as necessary.

Week of:	Hours worked						Weekly Total
	Mon	Tues	Wed	Thurs	Fri	Sat / Sun	
<i>Example: 3-26-18</i>	2		2			8	12
Total:							

By signing this log, the Supervisor is verifying the student's total hours worked on this log.

Supervisor's Name (Please print) _____

Supervisor's Signature _____ Date: _____

By signing this log, the student verifies the accuracy of the logged hours worked.

Student's Name (Please print) _____

Student ID# _____

Student's Signature _____ Date: _____

By signing this log, the parent/guardian verifies the accuracy of the logged hours worked.

Parent/Guardian's Name (Print Legibly) _____

Parent/Guardian's Signature _____ Student is 18+