Work Experience

Student Name:	
Work Site:	
Work Address:	
Work Telephone:	

To the Employer: Please confirm that this student has been employed for 3 months or longer by completing and signing the evaluation form provided below.

Category	4	3	2	1	Description
Dependability					
Interpersonal Skills					
Appearance					
Work Ethic					
Quality of Work					
Comments:					

Rating scale: 4=Excellent, 3=Good, 2=Fair, 1=Poor

Printed Name of Supervisor	
Signature of Supervisor	
Date	