

CENTRAL CHRISTIAN ACADEMY
P.O. Box 1629
Goldenrod, Florida 32733
Phone (407) 332-6988 / Fax (407) 332-4413
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> _____

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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: _____