

Work Experience
Mrs. Anastasio
Distance Learning Assignment #5

1. Continue to have your weekly timesheets filled out.
2. Have your employer fill out an evaluation sheet for the 4th quarter.
3. If you cannot work during this time due to your employer is shut down from the COVID-19, please keep a journal of the days you would normally be working and tell me what you are doing to fill your time in place of working. You can type your journal in a Word document and upload it in Microsoft Teams or email it to me.

Work Experience Time Sheet

Name: _____

 Last Name First Name Middle Initial

Employer: _____ Supervisor: _____

All students are required to submit their Work Experience Education worksite hours during the weekly classroom meeting. This time sheet must be signed by the employer to verify work attendance.

	Date	Start Time	End Time	Start Time	End Time	Daily Total
Saturday	____/____					
Sunday	____/____					
Monday	____/____					
Tuesday	____/____					
Wednesday	____/____					
Thursday	____/____					
Friday	____/____					
Week Total						

I certify that the work hours indicated above are true, accurate, and were in fact worked in the period reflected.

Student Signature	Date	Supervisor Signature	Date
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Employer Work Experience Evaluation Form
Please return this directly to student or WEE Coordinator

Student's Name: _____ Employer: _____
 Supervisor's Name: _____ Supervisor's Title: _____

Please check the box that best describes your assessment of the student's performance in the various aspects of Work Experience.

Courtesy	<input type="checkbox"/>	Very Polite & Well Mannered	<input type="checkbox"/>	Reasonably Polite	<input type="checkbox"/>	Impolite
Punctuality	<input type="checkbox"/>	Arrives on time	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Always Late
Cooperation	<input type="checkbox"/>	Creates a pleasing impression	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Difficult to work with
Reaction to Criticism	<input type="checkbox"/>	Reacts positively	<input type="checkbox"/>	Doesn't seem to care	<input type="checkbox"/>	Dislikes criticism
Neatness in work and appearance	<input type="checkbox"/>	Careful with work and appearance	<input type="checkbox"/>	Usually Neat & Clean	<input type="checkbox"/>	Careless at work & untidy
Perseverance	<input type="checkbox"/>	Persistent	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Give up easily
Work Attitude	<input type="checkbox"/>	Eager interest	<input type="checkbox"/>	Normal interest	<input type="checkbox"/>	Appears indifferent
Initiative	<input type="checkbox"/>	Seeks Additional work	<input type="checkbox"/>	Waits to be told what to do	<input type="checkbox"/>	Lacking
Ability to Communicate	<input type="checkbox"/>	Easily able to use language skills	<input type="checkbox"/>	Has some trouble articulating their thoughts	<input type="checkbox"/>	Lacking in their thoughts into words
Ability to Comprehend Instructions	<input type="checkbox"/>	Quick to understand	<input type="checkbox"/>	Reasonably good	<input type="checkbox"/>	Slow to comprehend
Capacity to develop	<input type="checkbox"/>	Promising	<input type="checkbox"/>	Average	<input type="checkbox"/>	Not very promising

Additional Comments if Applicable:

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____

Thank you for taking the time to complete this Evaluation Form.