

**Work Experience Evaluation Form**

Julian Charter School
1704 Cape Horn/PO Box 2470
Julian, CA 92036
760-765-3847 fax 760-765-3849

For School use: 1st evaluation____ 2nd evaluation____
Date: _____

Student: _____
Job Title: _____

Employer: _____
Evaluation: _____

Employee job description: _____

Your student employee is eligible for high school CREDIT and a GRADE for the time worked at your job site. If job performance is satisfactory and other requirements are met, they will receive a grade based largely on your evaluation. Please circle the appropriate numbers below and return/mail/fax the form ASAP. You will be sent two of these evaluations each semester (fall-winter/spring). If you have any questions regarding this evaluation, please call 619-772-7743 and ask to speak with the .Counselor.

1=Excellent 2=Above Average 3=Average 4=Poor

Is punctual	1 2 3 4	Is often late
Is organized	1 2 3 4	Is unorganized
Seldom absent	1 2 3 4	Frequently absent
Is cooperative	1 2 3 4	Is uncooperative
Appropriate attire	1 2 3 4	Inappropriate attire
Shows good judgment	1 2 3 4	Shows poor judgment
Tries hard to learn	1 2 3 4	Lacks initiative
Needs little supervision	1 2 3 4	Needs frequent supervision
Works well under pressure	1 2 3 4	Works poorly under pressure
Good total job performance	1 2 3 4	Poor total job performance
Makes favorable impression	1 2 3 4	Makes unfavorable impression
Meets production standards	1 2 3 4	work is poor quality (inaccurate)

1. Student employees successes: _____
2. Student employee should improve in: _____
3. Job skills or education needed to gain in or improve in: _____
4. Is this student employee someone you would hire full time?: _____
5. Additional comments:

Evaluator's signature: _____ Date: _____



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Please return by: _____

Thank you!