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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Evaluator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return by:\_\_\_\_\_\_\_\_\_\_\_\_\_ Thank you!