

For School Staff Use Only

Date Received: _____

Credit Hours Granted: _____

hrs. Supervisor Contacted (date): _____

20____



WORK/VOLUNTEER EXPERIENCE FORM SUPERVISOR EVALUATION/ STUDENT REFLECTION

School District No. 38 (Richmond)

******Students may work and/or volunteer at more than one location to accumulate credit hours. Each location must be accompanied by one of these forms. Provide evidence of your work through one or more of the following: pay slip, time log, employer log, letter etc.******

Please complete the following before handing in:

- Submit form by the deadline Due Date: _____
- Ensure that completed Supervisor's Evaluation is completed (pg 2)
- Attach Business Card of Supervisor**
- Complete Self Evaluation (pgs 3-4)

Type of Work/Volunteer Experience: (check one) Sponsor Teacher Name: _____

Work Exp (WEX) Career Prep Grad Transitions Sp Ed Apprent. Pgm (specify): _____

Student Name: _____ Student No. _____ Home School: _____

Parent/Guardian Name(s): _____ Phone #: _____

Address: _____ Postal Code: _____

Please provide the following information (*your employer/volunteer coordinator will be asked for confirmation*):

Company/Organization Name: _____ Phone #: _____

Address: _____ Postal Code: _____

The information provided in this document is complete and accurate to the best of our knowledge:

(Student Signature) _____ Date: _____

(Parent/Guardian's Signature) _____ Date: _____

(Sponsor Teacher's Signature) _____ Date: _____



SUPERVISOR'S EVALUATION OF STUDENT

School District No. 38 (Richmond)

To be completed by the SUPERVISOR ONLY in INK.

**Please provide student with a BUSINESS CARD

Student's Name: _____	Dates of Placement: _____
Supervisor's Name: _____	Position: _____
Evaluator Phone #: _____	Evaluator email: _____
Hours completed (as accurate as possible please): _____	Signature: _____ Date: _____

1. This student is requesting that experiences gained at your company/organization be accepted for school credit towards Work Experience. Your constructive assessment enables us to determine whether credit is earned. Please evaluate the student by circling the number that BEST represents his/her performance.

(5) Excellent (4) Good (3) Satisfactory (2) Fair (1) Poor (NA) Not Applicable

Please circle below

(comments optional)

	Excellent					Poor					Comment	
Fundamental Skills:												
Is able to solve problems	5	4	3	2	1	NA	_____					
Follows directions - listens to understand (and learn).....	5	4	3	2	1	NA	_____					
Communicates well with colleagues & public	5	4	3	2	1	NA	_____					
Uses technology effectively	5	4	3	2	1	NA	_____					
Recognizes problems and effectively deals with them	5	4	3	2	1	NA	_____					
Personal Management Skills:												
Attendance and Punctuality	5	4	3	2	1	NA	_____					
Dresses appropriately.....	5	4	3	2	1	NA	_____					
Honest and Ethical (incl. confidentiality).....	5	4	3	2	1	NA	_____					
Shows enthusiasm	5	4	3	2	1	NA	_____					
Adjusts to new situations	5	4	3	2	1	NA	_____					
Manages time effectively	5	4	3	2	1	NA	_____					
Works independently	5	4	3	2	1	NA	_____					
Works productively	5	4	3	2	1	NA	_____					
Concentrates on tasks	5	4	3	2	1	NA	_____					
Demonstrates safe work practices	5	4	3	2	1	NA	_____					
Teamwork Skills:												
Works well with other employees respecting diversity.....	5	4	3	2	1	NA	_____					
Shows initiative where appropriate	5	4	3	2	1	NA	_____					
Accepts constructive feedback	5	4	3	2	1	NA	_____					
Participates effectively in projects and tasks	5	4	3	2	1	NA	_____					
Has a positive attitude towards duties	5	4	3	2	1	NA	_____					

2. Does this student have aptitudes/attitudes necessary to become a good employee/volunteer?

(Circle one) Yes Possibly No NA

3. Do you think your field would be appropriate for this student?

(Circle one) Yes Possibly No NA

4. Supervisor's Comments or Recommendations: