

May 2020

MAY

Name: _____

- Record the number of hours worked each day.
- MUST** be handed into Off Campus by the 15th of the following month with signatures and evaluations completed.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8 <i>Staff Collaboration Day</i>	9
10	11	12	13	14	15 <i>LCHS In-Lieu Day No School</i>	16
17	18 <i>Victoria Day No School</i>	19	20	21	22	23
24	25	26	27	28	29	30
31	Total Hours _____					

LCHS Work Experience Time Sheet & Evaluation



OFFICE USE ONLY	
Mark	
Month Hours	
Accum. Hours	

STUDENT: _____

EMPLOYER: _____

Supervisor: Please confirm shifts reported on calendar, evaluate, sign and discuss with students at the end of month

Students: Complete & hand in this form by the 15th of the following month

Excellent (5)	Competent (4)	Satisfactory (3)	Unsatisfactory (2)	Unacceptable (1)
-Consistently -Independently, rarely needs direction	-Often -Occasionally needs direct supervision	-Generally -Often needs direct supervision	-Rarely -Requires direct supervision	

Employer Evaluation:

MOTIVATION- willingness to work and works independently	5 4 3 2 1
COOPERATIVE- ability to work with others & accept feedback	5 4 3 2 1
COMMUNICATION - asks questions and communicates effectively	5 4 3 2 1
DEPENDABILITY- reliable and performs to expectations	5 4 3 2 1
ADAPTABILITY- flexible and can adjust to new/changing situations	5 4 3 2 1
SKILLS & ACCURACY – demonstrates skills with few errors	5 4 3 2 1
PROFESSIONALISM – dresses and conducts oneself appropriately	5 4 3 2 1
SAFETY AWARENESS – demonstrates safe practices	5 4 3 2 1

Total: ___/40

SUPERVISOR SIGNATURE: _____

Comments: _____

STUDENT REFLECTION: New skills I have learned AND/OR areas I could improve on:

Student Signature: _____

School Evaluation:

DEADLINES- handed in calendar by 15th of the following month	5 4 3 2 1
REFLECTION- completed a thoughtful student reflection	5 4 3 2 1

Total: ___/10