

# June 2020

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.

# JUNE

Sun	Mon	Tue	Wed	Thu	Fri	Sat	
	1	2	3	4	5	6	
7	8	9	10	11	12 <i>Staff Collaboration Day</i>	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	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:

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

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

Total: \_\_\_/10