



Christian Institute of Arts & Sciences

2007 North 61st Avenue * Pensacola, FL 32506 * Fax 850-458-5132 * Phone 850-457-4058



ON-THE-JOB-TRAINING Student Work Experience Evaluation

Company/Firm Name _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____

Person Evaluating _____

Position _____

Student Being Evaluated _____

Student's Position/Responsibilities:

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

Character Evaluation: Excellent, Good, Average, & Poor

Attitude on Job _____

Work Habits _____

Punctuality _____

Follows Instructions _____

Appearance _____

Willingness to Learn _____

Completes Assignments _____

Ability to Handle Job _____

Other Comments or Recommendations:

Supervisor's Signature _____ Date _____

Required to validate grade report

Semester: 1 2 Summer

Total Hours/Minutes Worked: _____