

**CENTRAL CHRISTIAN ACADEMY**  
**P.O. Box 6000**  
**Winter Park, Florida 32793-6000**  
**Phone (407) 332-6988 / Fax (407) 332-4413**  
**Leslie Rawle / School Director**

## Student Work Experience

Dear Employer,

Thank you for taking the time to fill out this form for our school. We consider the work experience of our students to be an important part of their High School learning experience. The information you provide us will be of utmost importance. Please be honest and candid. Your comments will be held in strict confidence. The information you provide us will be used to evaluate the student. Upon completion, please return this form to us in the envelope provided.

Name of Student/Employee \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Name of Employer \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Date student began working \_\_\_\_\_ Average hours of work per week \_\_\_\_\_

Is Student/Employee still employed? \_\_\_\_\_

Please give a brief job description of employee: \_\_\_\_\_

\_\_\_\_\_

Employer's Evaluation of Student/Employee		
<b>Respect for Authority and Following Directions:</b>		
<i>Above average</i> _____	<i>Average</i> _____	<i>Needs Improvement</i> _____
<b>Dependability and Promptness:</b>		
<i>Above average</i> _____	<i>Average</i> _____	<i>Needs Improvement</i> _____
<b>Works well with People:</b>		
<i>Above average</i> _____	<i>Average</i> _____	<i>Needs Improvement</i> _____
<b>Thoroughness, accuracy, conscientiousness:</b>		
<i>Above average</i> _____	<i>Average</i> _____	<i>Needs Improvement</i> _____
<b>Neat, Clean Appearance:</b>		
<i>Above average</i> _____	<i>Average</i> _____	<i>Needs Improvement</i> _____
<b>How would you rate the overall performance of this employee:</b>		
<i>Above average</i> _____	<i>Average</i> _____	<i>Needs Improvement</i> _____

Continued on back page ...

**Please Give Your Personal Comments:**

---

---

---

---

---

---

---

---

---

---

Name of Person Completing this Form: \_\_\_\_\_  
Please Print Name

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

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # to reach you by. We may call you to verify the filling out of this form: \_\_\_\_\_

**THANK YOU!**

Please return in Envelope Provided

School Office use only:
Verified: _____
Date Credit Awarded: _____
Initialed by: _____