Work Experience
Monthly Timesheet

School: _____ **Student:** _____

Work Placement: _____ **Month:** _____

DATE	ARRIVED	DEPARTED	TOTAL HOURS
		TOTAL HOURS	

Supervisor's Comments: _____

Observed Strengths: _____

Suggestions for Improvement: _____

Overall Performance Rating (Please Circle)

Unsatisfactory Below Average Average Above Average Outstanding

_____ _____

Employer's Signature Student's Signature