

# Allen D. Nease High School

## External Internship &

## Volunteer Public Service

Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Internship Class Periods: \_\_\_\_\_

Place of Employment or Volunteer: \_\_\_\_\_

Average Hours Worked/Volunteered Weekly: \_\_\_\_\_

*\*To be filled out by a manager/supervisor*

Please circle the student's performance at work:

| Excellent | Very Good | Good  | Fair  | Poor        |
|-----------|-----------|-------|-------|-------------|
| 90-100    | 80-89     | 70-79 | 60-69 | 59 or below |

Comments/Concerns/Accolades:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### **External Internship:**

***Please submit this along with a copy of your paystub or check stapled to the back of this sheet by the Last Wednesday of each Month.***

***Questions, comments, concerns: Please contact Jaime Combs, Internship Coordinator at 904.547.8306 or email at [Jaime.combs@stjohns.k12.fl.us](mailto:Jaime.combs@stjohns.k12.fl.us)***