



Allen D. Nease High School

Executive Internship (Off-Campus/Co-op) Supervisor Evaluation Form

All Executive Internship students must turn in a completed supervisor evaluation form on the last Wednesday of each month. Students must attach this form to paystubs, official schedules, or timecards which show the number of hours worked for the month.

Student's Name: _____ Student Number: _____

Executive Internship Class Periods: _____

Place of Employment: _____

Average Hours Worked 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 and below

Comments/Concerns/Accolades:

Supervisor's Name: _____

Supervisor's Signature: _____

Work Phone: _____ Date: _____

Questions/Comments/Concerns: Contact Jaime Combs, Internship Coordinator at Nease High School / Jaime.combs@stjohns.k12.fl.us