



Allen D. Nease High School Executive Internship (Co-op) Supervisor Evaluation Form

All Executive Internship (Co-op) students must turn in a completed supervisor evaluation form on the last MONDAY of each month. **Students must turn in this completed form attached to paystubs, official schedules, or timecards which show the number of hours worked for the month.** From the last Monday of each month, students have until 11:59 pm the following Monday to drop off the required materials in the turn-in box at the Internship Cart in the front office or take photos/screenshots of all paperwork and send them in a direct message to Mrs. Combs via a Schoology message.

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, Co-op Coordinator at Nease High School
/ Jaime.combs@stjohns.k12.fl.us