

ST. JOHNS COUNTY SCHOOL DISTRICT SUMMER INTERNSHIP PROGRAM TIMESHEET & PROGRESS EVALUATION FORM

Scan and email each week to kathy.mignerey@stjohns.k12.fl.us or fax to her at (904) 547-4865.

Student Name:

Business Name:

Internship Supervisor:

NOTE TO STUDENTS: It is your responsibility to keep an accurate record of your daily attendance. Your attendance, progress and behavior will be certified by the use of this form. It is also your responsibility to sign the form in blue or black INK for each day you work. One of your supervisors will complete the progress and behavior portions and certify that you attended the work experience on the days indicated. Falsification of information on this form may result in your being **TERMINATED** from the program.

Internship Start Day/Date:

Internship End Day/Date (for entire internship):

Timesheet for week:

* Students - Fill-in the Day, Date and # OF HOURS for each day worked and write your INITIALS next to EACH DAY.

* Supervisor's initials are **REQUIRED** to confirm your attendance.

Weekly evaluation initialed by the supervisor in each box. Any areas that are unsatisfactory need an explanation in the comment area and a discussion with the student.

Day	Date	# Hours Worked	Student Initials	Supervisor Initials		Evaluation	Satisfactory	Unsatisfactory
						Job Performance		
						Behavior/Attitude		
						Attendance/Punctuality		
						Appropriate attire/grooming		

COMMENTS: _____

I have reviewed the above information for accuracy, and discussed any unsatisfactory areas with my supervisor.

I personally certify that the information above is correct for this student.

Student's Signature

Date

Supervisor's Signature

Date

Contact Kathy Mignerey at W (904) 547-4872 or C (904) 814-6158 or kathy.mignerey@stjohns.k12.fl.us in regard to all questions or concerns you have about the following: timesheets, work schedule issues, unsatisfactory evaluations and/or disciplinary actions.