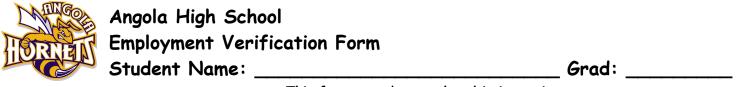
| 1. Employer Section Company/Employer Name: |
|---|
| Supervisor's Name: |
| Supervior's Signature |
| Company/Employer Address: |
| Company/Employer Phone #; |
| Date Hired: |
| Is/Was the student in good standing as an employee? Yes No |
| Does/Did the student exhibit good employability skills? [Yes] No |
| Please provide any additional comments about this student (optional): |
| |
| |
| 2. Student Section Please provide a reflection of your work experience. Please include how your work experience has allowed you to demonstrate employability skills and any lesson you have learned from this work experience. |
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| |

_ Date: _____

Student Signature:

Counselor Signature:_______ Date: _____



This form must be completed in its entirety

| Student Signature: _ | Date: | |
|----------------------|-------|--|
| Counselor Signature: | Date: | |