

Student Name _____ Date _____

Job Title _____

Work Place _____

Evaluation Period (Must be completed weekly) _____ to _____

Weekly work schedule

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |

Daily Tasks (Complete for the days you work. Describe job duties for each day)

| | |
|-----------|--|
| Sunday | |
| Monday | |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |
| Saturday | |

List one goal or area of improvement for next week.

Student signature