



Seffner Christian Academy

Minimester Internship Evaluation

Name of Student: _____

Name of Mentor _____

Name of Business _____

Please list by each day the number of hours worked by the intern:

____April 19

____April 20

Please evaluate the student in each of the following: (1 = lowest / 5 = highest)

Student attendance	1	2	3	4	5
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Punctuality	1	2	3	4	5
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Student appearance / dress	1	2	3	4	5
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Student maturity	1	2	3	4	5
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Student overall performance	1	2	3	4	5
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Overall experience for mentor	1	2	3	4	5
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General comments or suggestions _____

Mentor Signature

Please return this form to Seffner Christian Academy by Friday, April 27th

Email: mpope@scacrusaders.com Fax: 813-627-0330

Minimester Student Log for Internship



Students- Please complete the following for each day of your internship. This form must be emailed or printed and returned to Mrs. Pope (mpope@scacrusaders.com) by April 23rd.

	Thursday	Friday
Location:		
Primary Duties:		
Most challenging aspect(s):		

<p>Most enjoyable aspect(s):</p>		
<p>Lessons learned that apply to life in the future:</p>		
<p>Other notes:</p>		