



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:

____ March 28, 2019

____ March 29, 2019

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

Student attendance 1 2 3 4 5

Punctuality 1 2 3 4 5

Student appearance / dress 1 2 3 4 5

Student maturity 1 2 3 4 5

Student overall performance 1 2 3 4 5

Overall experience for mentor 1 2 3 4 5

General comments or suggestions _____

Mentor Signature

Please return this form to Seffner Christian Academy by Friday, April 5th

Email: sshock@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. Shock (sshock@scacrusaders.com) by April 5th.

	Thursday	Friday
Location:		
Primary Duties: List at least 3		
Most challenging aspect(s): (3-5 sentences)		

<p>Most enjoyable aspect(s): (3-5 sentences)</p>		
<p>Lessons learned that apply to life in the future: (3-5 sentences)</p>		
<p>Other notes:</p>		