

**St. Lucie Public Schools
Career and Technical Education
Cooperative Education Time Card**

**Student-Trainee
Monthly Performance**

Please provide feedback on the performance of your student trainee in order to keep the teacher/coordinator aware of the student's performance and progress on the job.

Using the rating scale listed below, circle the appropriate number.

- | | |
|--------------------|-----------------------|
| 4 = Excellent | 3 = Above Average |
| 2 = Average | 1 = Needs Improvement |
| 0 = Unsatisfactory | N/A = Does not apply |

- | | | | | | | |
|-------------------|---|---|---|---|---|-----|
| 1. Appearance: | 4 | 3 | 2 | 1 | 0 | N/A |
| 2. Attitude: | 4 | 3 | 2 | 1 | 0 | N/A |
| 3. Attendance: | 4 | 3 | 2 | 1 | 0 | N/A |
| 4. Punctuality: | 4 | 3 | 2 | 1 | 0 | N/A |
| 5. Dependability: | 4 | 3 | 2 | 1 | 0 | N/A |
| 6. Performance: | 4 | 3 | 2 | 1 | 0 | N/A |

Month of _____
 Name of Student _____
 Program Title _____
 School Name _____
 Training Station _____
 Type of Business _____
 Work Phone _____ Home Phone _____

DATE	ARRIVED	LEFT	TOTAL HOURS	WAGES
Weekly Total				
Weekly Total				
Weekly Total				
Weekly Total				
Monthly Total				

Signature _____ Date _____

Comments (optional) _____

SUPERVISOR'S SIGNATURE

STUDENT'S SIGNATURE