



**THE FATHER'S HOUSE**  
CHRISTIAN SCHOOL



### Work Experience Report

Student Name \_\_\_\_\_ Family# \_\_\_\_\_ Date \_\_\_\_\_

Name/Type of Work Experience Project \_\_\_\_\_

Project Timeline from \_\_\_\_\_ to \_\_\_\_\_

**Description** of activities including skills, resources, tools, and/or machinery:

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**Evaluation** - Parent or Supervisor to assess student according to skills:

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Excellent  Very Good  Good  Average  Needs Improvement

**Hours spent:** 1 Credit = 125hrs; ½ Credit = 63hrs: \_\_\_\_\_

Skills \_\_\_\_\_ Projects \_\_\_\_\_ Other \_\_\_\_\_

**Signatures:** \_\_\_\_\_  
(Parent/Supervisor) (Student)

Return form during spring evaluation or fax to (587) 787-3706 or mail to:

Streams Learning  
PO Box 3177  
Morinville, AB  
T8R 1S1