SUPERVISOR’S WORKSITE EVALUATION

Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksite \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for sharing your time, work values, and expertise with our participant. Using a scale of “1” to “4”, please rate the participant in the following areas:

 **Needs Below Meets Exceeds**

 Improvement Expectation Expectation Expectation

1. Attendance:

Reports to work at the 1 2 3 4 NA

appropriate time and place.

Calls when late or will be absent. 1 2 3 4 NA

Has regular attendance. 1 2 3 4 NA

2. Appearance:

Dresses appropriately. 1 2 3 4 NA

Grooms appropriately. 1 2 3 4 NA

3. Work Habits:

Accepts constructive feedback from 1 2 3 4 NA

supervisors and co-workers.

Behaves in a professional manner 1 2 3 4 NA

at the worksite.

Completes tasks. 1 2 3 4 NA

Follows instructions. 1 2 3 4 NA

Gets along with others. 1 2 3 4 NA

Has a positive attitude. 1 2 3 4 NA

Shows initiative. 1 2 3 4 NA

Works well with others. 1 2 3 4 NA

4. Communication:

Relates well to supervisor and others. 1 2 3 4 NA

Asks appropriate questions. 1 2 3 4 NA

Demonstrates interest in the experience. 1 2 3 4 NA

5. Overall Evaluation:

Is acquiring positive work skills 1 2 3 4 NA

Is benefiting from the work experience 1 2 3 4 NA

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksite Supervisor’s

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_