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The Department of Human Services in Partnership with the Departments of Economic Development, Education, Human Rights, Management, and Workforce Development.

### WORK EXPERIENCE PARTICIPANT EVALUATION

PARTICIPANT: \_\_\_\_\_ REPORT PERIOD: \_\_\_\_\_ TO: \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

PLEASE CAREFULLY COMPLETE THE FOLLOWING EVALUATION AND REVIEW IT WITH THE PARTICIPANT.

	Yes	No	Comments
Accepts responsibility. (Follows directions, keeps on the job without close supervision)	<input type="checkbox"/>	<input type="checkbox"/>	
Displays initiative in his or her work. Starts work without being told.	<input type="checkbox"/>	<input type="checkbox"/>	
Quality of work. Accuracy.	<input type="checkbox"/>	<input type="checkbox"/>	
Completes work on time.	<input type="checkbox"/>	<input type="checkbox"/>	
Prompt and regular in reporting to work.	<input type="checkbox"/>	<input type="checkbox"/>	
Works well with others.	<input type="checkbox"/>	<input type="checkbox"/>	
Keeps work area neat.	<input type="checkbox"/>	<input type="checkbox"/>	
Knows and follows safety rules.	<input type="checkbox"/>	<input type="checkbox"/>	
Dresses appropriately for job.	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Performance:  Excellent  Good  Average  Fair  Poor

Additional comments: \_\_\_\_\_

If this is the last evaluation, please explain: \_\_\_\_\_

Will you provide the participant with a positive job reference if requested?  Yes  No

<i>Sponsor's Signature</i>	<i>Date</i>
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