

Work Experience  
Trainee Performance Evaluation Form

**Instructions: This evaluation must be completed and signed by the worksite supervisor at the end of the first full payroll period and again with the final work experience timesheet.**

Trainee's name: \_\_\_\_\_ Date: \_\_\_\_\_  
Trainee's Job Title: \_\_\_\_\_

How do you evaluate the trainee's job performance?

	Excellent	Good	Fair	Poor	Needs Improvement
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the trainee making progress toward meeting the objectives on their training plan? Yes No  
If No, what areas do they need improvement?

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

Will the trainee learn all the skills on their training plan before the end date of the Work Experience?  
Yes No If No, why? \_\_\_\_\_

Comments on the trainee's progress:

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

The above information has been discussed with me.  
Comments:

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

"Equal Opportunity Employer (EOE)/Program" and "Auxiliary aids and services available upon request to individuals with disabilities."

CC: original to SCWIB, copy to employer