WIOA Work Experience Trainee Evaluation

WIOA Worksite Agreement Number: _____ **Reset Form**

Trainee Information

Trainee Name: _____ Participant ID (PID): _____
Start Date: _____ End Date: _____
Job Title: _____

Worksite Information

Worksite: _____ Supervisor: _____
Worksite Address: _____ Telephone: _____
Worksite Telephone: _____ Alternate Supervisor
Days/Hours of Operation: _____ (if applicable): _____
Telephone: _____

Evaluation Scale

1 = Unsatisfactory 2 = Satisfactory 3 = Good 4 = Excellent

Performance Evaluation

Item	Initial Rating	Mid-Term Rating	Final Rating
1. Cooperative	------	------	------
2. Follows Directions	------	------	------
3. Responsible	------	------	------
4. Takes Initiative	------	------	------
5. Skills Progress	------	------	------
6. Appearance	------	------	------
7. Attendance	------	------	------
8. Punctuality	------	------	------
9. Integrity	------	------	------
10. Productivity	------	------	------
11. Work Quality	------	------	------
12. Conduct / Attitude	------	------	------

Average Rating (Total Points ÷ 12): 0.0

Comments:

Date of Evaluation: _____

Certification

I have discussed this performance evaluation with the Trainee and certify that I have evaluated the skills objectively.

Supervisor Signature: _____

This performance evaluation has been discussed with me, and I certify that I have received training in the skills listed.

Trainee Signature: _____

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