

**WORK MATURITY SKILLS
SUPERVISOR/EVALUATOR CHECKLIST FOR ASSESSING COMPETENCY ATTAINMENT**

Participant: _____ SSN: _____

Term: _____ Evaluation Period: Initial Interim Final

Rating Scale: 1- Not satisfactory 2- Making Progress 3-Satisfactory 4- Excellent		RATING			
1. ATTENDANCE:		1	2	3	4
2. PUNCTUALITY:		1	2	3	4
3. GROOMING / HYGIENE:	Participant dresses appropriately for the job. Hair groomed neatly and appropriately (including beard and mustache). Maintains good hygiene.	1	2	3	4
4. FOLLOWING DIRECTIONS:	Exhibits a positive attitude toward supervisor. Listens to instructions. Asks questions if necessary. Carries out assignments as specified.	1	2	3	4
5. QUALITY OF WORK:	Completes work neatly, accurately and thoroughly. Corrects errors. Makes effective use of suggestions for improvements.	1	2	3	4
6. QUANTITY OF WORK:	Doesn't waste time. Completes assigned work on schedule. Does his/her share on group assignments.	1	2	3	4
7. DEPENDABILITY:	Performs work at satisfactory level of consistency. Carries out assigned work effectively and efficiently without constant supervision. Shows initiative and good judgment when minimal instructions are given.	1	2	3	4
8. WORKING RELATIONSHIPS:	Shows proper respect for others. Gives help to co-workers, if requested. Is able to ask for needed assistance from co-workers. Shows a positive attitude when working with others.	1	2	3	4
9. PERSONAL BEHAVIOR:	Adheres to established standards in regard to safety, use of equipment, care of property, and personal conduct. Accepts responsibility for his / her actions. Willing to try new things.	1	2	3	4

COMPLETE THIS SECTION FOR INTERIM EVALUATION

Did the participant make satisfactory progress? [no more than one competence factor rated at 1] Yes No

For each rating below 2, list criteria and/or actions to be taken for improving performance. _____

COMPLETE THIS SECTION FOR FINAL EVALUATION

Did participant demonstrate satisfactory attainment of all benchmarks? [rating of 3 or 4 on all competency factors] Yes No

Please summarize your overall evaluation of the trainee: _____

Supervisor's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____