

OCCUPATIONAL CREDENTIAL PERFORMANCE EVALUATION

Name: _____ **SSN:** _____

Job Title: _____ **Training Period:** ___/___/___ to ___/___/___

Supervisor: _____ **Training Site** _____

Progressive Evaluations: _____ **Interim** _____ **Final**

The following document is the evaluation to verify that the trainee has sufficient skills to obtain an employment.

RATING SCALE: (Circle all areas below for appropriate levels of performance)

- NA Not Applicable** Not applicable to this appraisal
- 5 Outstanding:** Performs job requirement beyond the norm; adds dimension and innovation to functions; serves as a role model to others.
- 4 Very Good:** Competent at job duties; performs well with little or no supervision; occasionally goes beyond the norm and achieves higher outcomes.
- 3 Acceptable:** Able to perform functions with occasional support or supervision.
- 2 Improvement Needed:** Able to perform job requirements, but requires continual prompting and/or monitoring.
- 1 Not Acceptable:** Unable to perform duties without constant ongoing supervision or intervention.

A. WORK PERFORMANCE- GENERAL

1	Solid knowledge of duties and responsibilities; able to handle complex assignments.	NA	1	2	3	4	5
2	Solid knowledge of field.	NA	1	2	3	4	5
3	Work product is thorough, accurate and properly completed. Follows instructions. Utilizing company rules & regulations	NA	1	2	3	4	5
4	Meets goals, objectives, and other work duties on a timely basis; exercises initiative and takes on additional duties when time permits.	NA	1	2	3	4	5
5	Internal and external, oral and written communication: clearly conveys information in a positive fashion appropriate to the requirements of the position.	NA	1	2	3	4	5
6	Written communication: information is conveyed in a clear, concise, and well-organized fashion.	NA	1	2	3	4	5

7	Innovative and creative in performing work; flexible to changes in duties, goals, and procedures and has a willingness to learn.	NA	1	2	3	4	5
8	Exercises sound decision-making: gathers and evaluates necessary information; considers likely consequences; and obtains any needed approvals prior to action.	NA	1	2	3	4	5

Comments on General Work Performance: _____

B. WORK PERFORMANCE- SPECIFIC [Job Title]

1.		NA	1	2	3	4	5
2.		NA	1	2	3	4	5
3.		NA	1	2	3	4	5
4.		NA	1	2	3	4	5
5.		NA	1	2	3	4	5
6.		NA	1	2	3	4	5
7.		NA	1	2	3	4	5

Comments on Duties as Performed: _____

C. ATTENDANCE/APPEARANCE

1	Attendance	NA	1	2	3	4	5
2	Punctuality	NA	1	2	3	4	5
3	Personal appearance	NA	1	2	3	4	5

Comments on Attendance/Appearance: _____

Comments on Supervision/Interaction: _____

2. For Evaluations related to Interim Training Period, the following is recommended:

_____ *Will be on track to Receive Credential*

_____ *Needs intervention prior to completion of training*

2. For Evaluation related to Final Training Period, the following is recommended:

_____ *Receive Credential*

_____ *Extend Training Period: Comments* _____

_____ *Terminate* _____

Comments on Overall Performance: _____

Supervisor Date

WIA Registrant Date

Case Manager Date