

WORK ETHIC SKILLS EVALUATION

Employee/Trainee: _____ SSN: _____ Occupation/Job Title: _____

Type of Training: _____ Training/Work Site: _____ Supervisor: _____

Period of Training: from / / to / / Total Hours: _____ Evaluation: Interim Final

Instructions: Evaluate the trainee's performance in each skill area using the scale below. The rating scale applies to the level of training and progress at the time of evaluation, based on the hours completed and the expected progress for a trainee by this point of time in the training.

5 = excellent 4 = above average 3 = satisfactory 2 = marginally adequate 1 = unsatisfactory

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| 1. ATTENDANCE | 5 | 4 | 3 | 2 | 1 |
| 2. PUNCTUALITY | 5 | 4 | 3 | 2 | 1 |
| 3. GROOMING/HYGIENE Clean, neat appearance; dresses appropriately; hair groomed neatly and appropriately (including facial hair). | 5 | 4 | 3 | 2 | 1 |
| 4. POSITIVE ATTITUDE & BEHAVIOR Exhibits a positive attitude toward supervisor, co-workers, and customers; listens attentively; takes instruction well; asks questions when necessary; carries out assignments willingly; communicates effectively; follows rules in regard to safety, use of equipment, care of property, and personal conduct; accepts responsibility for his/her actions. | 5 | 4 | 3 | 2 | 1 |
| 5. COMPLETING TASKS EFFICIENTLY Completes work neatly, accurately, and thoroughly; follows instructions; prioritizes; works within prescribed timelines; meets deadlines; carries out assigned tasks without constant supervision; shows initiative and good judgment. | 5 | 4 | 3 | 2 | 1 |
| 6. EFFECTIVE INTERPERSONAL RELATIONS Shows proper respect and consideration for others and their property; offers assistance to others when appropriate; Is able to ask for assistance when necessary; works effectively as part of a team. | 5 | 4 | 3 | 2 | 1 |

INTERIM EVALUATION ONLY: Is the participant making satisfactory progress? Yes No

FINAL EVALUATION ONLY: Did the participant demonstrate satisfactory attainment of all skills (rating of 3 and above)? Yes No

Supervisor's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Case Manager's Signature: _____ Date: _____