

**South Central Workforce Council
OCCUPATIONAL 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

SKILL REQUIREMENTS	RATING	COMMENTS
	<p align="center">5 4 3 2 1</p>	
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	5 4 3 2 1	
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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

Does the participant qualify to receive a Certificate of Completion for the training?

Yes

No

SUPERVISOR'S SIGNATURE: _____

DATE: _____

PARTICIPANT'S SIGNATURE: _____

DATE: _____

CASE MANAGER'S SIGNATURE: _____

DATE: _____