



**COMMUNITY SERVICE  
WORK-TRAINING ASSIGNMENT**

**EXIT EVALUATION**

<b>Participant Name</b>				<b>Date</b>	/	/
<b>County</b>		<b>Date Training Started</b>	/	/	<b>Months in Position</b>	<b>#</b>
<b>Work-Training Assignment Title</b>						
<b>Host Site Name</b>					<b>City</b>	
<b>Supervisor's Name</b>						

CATEGORIES OF EVALUATION	LIST STRENGTHS	LIST AREAS NEEDING IMPROVEMENT
Accuracy & Completeness of Duties Performed		
Quality & Organization of Work		
Attendance & Punctuality		
Ability to Follow Directions and Accept Supervision		
Interpersonal Skills with Co-Workers and Public		
Appearance: Grooming consistent with tasks		
Overall Performance		

**ACCOMPLISHMENTS &/OR GOALS:** *(continue on other side as necessary)*

**CONCERNS &/OR PROBLEMS:** *(continue on other side as necessary)*

	/ /
<b>SIGNATURE OF HOST AGENCY SUPERVISOR</b>	<b>DATE</b>
	/ /
<b>SIGNATURE OF PROJECT DIRECTOR</b>	<b>DATE</b>

**FOR OFFICE USE ONLY** PROJECT DIRECTOR **PLEASE CHECK ONE:**  DOL  ODA