



COMMUNITY SERVICE WORK-TRAINING ASSIGNMENT

PERFORMANCE EVALUATION

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

CATEGORIES OF EVALUATION	LIST STRENGTHS	LIST AREAS NEEDING IMPROVEMENT
Accuracy and Completeness of Duties Performed		
Quality and Organization of Work		
Attendance And 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: <i>(continue on other side as necessary)</i>
CONCERNS &/OR PROBLEMS: <i>(continue on other side as necessary)</i>

	/	/
Signature of Host Agency Supervisor	Date	

TO BE COMPLETED BY PARTICIPANT

DO YOU AGREE OR DISAGREE WITH THIS EVALUATION?	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
COMMENTS: <i>(continue on other side as necessary)</i>		

	/	/
SIGNATURE OF PARTICIPANT	DATE	
	/	/
SIGNATURE OF PROJECT DIRECTOR	DATE	

FOR OFFICE USE ONLY -- PROJECT DIRECTOR PLEASE CHECK ONE: DOL ODA
 Rev. 4/2008