



**COMMUNITY SERVICE
WORK-TRAINING ASSIGNMENT**

EXIT 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 & 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)*

| | |
|--|-------------|
| | / / |
| SIGNATURE OF HOST AGENCY SUPERVISOR | DATE |
| | / / |
| SIGNATURE OF PROJECT DIRECTOR | DATE |

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