



**COMMUNITY SERVICE WORK-TRAINING ASSIGNMENT**

**PERFORMANCE EVALUATION**

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

| 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                                 |                |                                |

|   |
|---|
| <b>ACCOMPLISHMENTS &amp;/OR GOALS:</b> <i>(continue on other side as necessary)</i> |
| <b>CONCERNS &amp;/OR PROBLEMS:</b> <i>(continue on other side as necessary)</i>     |

|                                     |      |   |
|-------------------------------------|------|---|
|                                     | /    | / |
| Signature of Host Agency Supervisor | Date |   |

***TO BE COMPLETED BY PARTICIPANT***

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

|                                      |             |   |
|--------------------------------------|-------------|---|
|                                      | /           | / |
| <b>SIGNATURE OF PARTICIPANT</b>      | <b>DATE</b> |   |
|                                      | /           | / |
| <b>SIGNATURE OF PROJECT DIRECTOR</b> | <b>DATE</b> |   |

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