Please Print

Participant Name:

Job Title:

Name of Worksite:

The supervisor of the youth is to answer the following question on how the youth is performing the job duties/tutoring task assigned:

**Above Below**

**Average Average Average**

1. **Attendance { } { } { }**
2. **Punctuality { } { } { }**
3. **Interaction while working with others { } { } { }**
4. **Work productivity { } { } { }**
5. **Willingness to follow instructions { } { } { }**
6. **Work initiative { } { } { }**
7. **Quality of work { } { } { }**

**Supervisor Signature: Date**

**Participant Signature: Date**

Please Print

Participant Name: County:

Worksite: Job Title:

Training Supervisor:

1. How well does our job match your expectations?
2. How well are you grasping your job duties
3. How well do you get along with your supervisor?
4. How well do you get along with your co-workers?
5. Have you missed any days in the past 30 days? If yes, for what reason?
6. Do you require any supportive services to continue working?
7. Does your job training match that in the job description you were given?

Participant Comments

Reviewer Planner Comments

Signature of Participant Date

Signature of Reviewer Date