



Weekly Employment Assessment

STUDENT INFORMATION

Student:	Crew Supervisor / Job Coach:
Job Site:	Job Title:
Site Manager:	Date:

PERFORMANCE

	N	2	2.5	3	3.5	4
Attendance						
Attitude/Professionalism						
Appearance						
Initiative						
Communication/Listening						
Dependability						
Work Quality						

EVALUATION

Additional Comments:

VERIFICATION OF REVIEW

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee:	Date
Coach/Supervisor:	Date
Site Manager:	Date