

TOOLS

Youth/Pre-Apprenticeship Employer and Coordinator Evaluation Report

Student's Name:		Grade Level:
School:	Program:	
Employer:	Contact Person: and Phone Number: ()	
WBL Start Date:	WBL Ending Date:	

Student Responsibility

Turn in this form to the teacher or youth/pre-apprenticeship coordinator at the end of each week of employment.

Employer Responsibilities

Please complete the two tables below; share your ratings with the student; give this form to the student to return to the teacher or youth/pre-apprenticeship coordinator. Thank you.

Evaluation Scale: 1 - Poor; 2 - Needs Improvement; 3 - Average; 4 - Good; 5 - Excellent

	1	2	3	4	5
Attendance/Punctuality					
Cooperation					
Appearance					
Adaptability/Flexibility					
Attitude					
Relations with Co-Workers					

	1	2	3	4	5
Dependability					
Time Management					
Initiative					
Quality of Work					
Following Directions					
Quantity of Work					

Remarks:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Mon.	Tues.	Wed.	Thurs.	Fri.	Total Hours
Date											
Hours Worked											

Earnings

(If Applicable) Total Hours: _____ x Hourly wage: _____ = Total Gross Earnings: \$ _____

SIGNATURE OF SUPERVISOR

DATE