

Regional Worksite Learning Objectives and Evaluation Form

Student/Trainee:

Worksite:

School/Program:

Worksite Supervisor:

School Coordinator:

Worksite Telephone #:

School Telephone:

The worksite supervisor, school/program coordinator, and student/trainee agree to the following learning objectives for the period beginning _____ and ending at _____

Learning Objective 1:

Performance Evaluation	Meets Objective		Needs Work	
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Learning Objective 2:

Performance Evaluation	Meets Objective		Needs Work	
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Learning Objective 3:

Performance Evaluation	Meets Objective		Needs Work	
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Learning Objective 4:

Performance Evaluation	Meets Objective		Needs Work	
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Comments (Comment on accomplishments):

Please evaluate the student's overall workplace attitudes and behaviors by checking the appropriate box.

Rating: 1 = Demonstrates Competence 2 = Needs Improvement

	1	2		1	2
Maintains company set attendance			Exercises respect for the workplace		
Works well with others; effective team member			Understands and practices safety procedures		
Accepts suggestions and constructive criticism			Demonstrates knowledge of job duties/ training expectations		
Has appropriate communication/social skills			Demonstrates ability to solve work-related problems		
Uses time effectively			Work is done carefully and correctly		
Demonstrates initiative			Demonstrates interest and enthusiasm		

What are some of the outstanding qualities of this student/trainee?

Would you recommend this student for employment in your own or another firm?

This evaluation has been discussed with the student. _____ Yes _____ No

Worksite Supervisor Signature _____ Date _____

Student/Trainee Signature _____ Date _____