Attachment E

WIOA WORK EXPERIENCE ACTIVITIES
PERFORMANCE EVALUATION

Name: _____ **Job Title:** _____

Worksite: _____

☐ **Monthly Performance Evaluation**
Month of : _____

☐ **Final Performance Evaluation**

Instructions: The immediate Supervisor will provide the youth with a monthly performance evaluation and a final performance evaluation at the end of the program. The performance evaluation is an objective assessment of the youth's strengths and weaknesses while at work. The performance evaluation shall be discussed with the youth initially by the Supervisor and then with the youth and the Case Manager. Provide clear examples to support your rating. If the youth's performance does not meet expectations, notify the Case manager immediately and list specific goals for improvement in the "Comments" section.

	Performance Factors	Exceeds Expectations	Meets Expectations	Expectations Not Met	Comments
1	**Follows Instructions-** Responds accurately and appropriately to verbal and written instructions.				
2	**Completes Tasks Accurately-** Carefully completes all tasks and assignments.				
3	**Demonstrates "Learner's Attitude"-** Demonstrates a clear interest in tasks and assignments.				
4	**Accepts Constructive Criticism:-** Always reacts appropriately and positively to corrections and guidance.				
5	**Punctuality-** Always arrives and completes tasks on schedule.				
6	**Work Ethics-** Consistently demonstrates positive work behaviors and skills. Demonstrates a Win/Win approach and collaborates with colleagues.				
7	**Presents Self Appropriately-** Dress, grooming, mannerisms and speech are work appropriate.				

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	Performance Factors	Exceeds Expectations	Meets Expectations	Expectations Not Met	Comments
8	**Communicates Clearly-** Expresses thoughts and ideas clearly.				
9	**Personal Relations-** Communicates with fellow employees and public in a respectful and professional manner.				
10	**Drug/Alcohol Free Behavior** Demonstrates a commitment to drug and alcohol free behavior.				

This Evaluation is based on my direct observation and/or knowledge.

Worksite Supervisor Signature:_____ **Date:** _____/_____/_____

This Evaluation was discussed with me.

Participant Signature:_____ **Date:** _____/_____/_____

I have reviewed and discussed this performance evaluation with the youth.

Case Manager Signature: _____ **Agency:** _____ **Date:** _____/_____/_____

Revised 09/02/16