

WIA Work Experience Trainee Evaluation

| Trainee Information | | | | | |
|-----------------------|--|-----------|--------------------------|------------|--|
| Trainee Name: | | | OSL Participant ID: | | |
| Start Date: | | End Date: | | Job Title: | |
| Worksite Information | | | | | |
| Worksite: | | | | | |
| Worksite Address: | | | Worksite Telephone: | | |
| | | | Days/Hours of Operation: | | |
| Supervisor: | | | | Telephone: | |
| Alternate Supervisor: | | | | Telephone: | |

Please rate the Trainee for each characteristic utilizing the following scale:
 1 = Unsatisfactory 2 = Satisfactory 3 = Good 4 = Excellent

| Item | Initial Rating | Mid-Term Rating | Final Rating |
|--|---|---|---|
| 1. Cooperative | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| 2. Follows Directions | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| 3. Responsible | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| 4. Takes Initiative | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| 5. Skills Progress | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| 6. Appearance | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| 7. Attendance | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| 8. Punctuality | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| 9. Integrity | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| 10. Productivity | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| 11. Work Quality | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| 12. Conduct/Attitude | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Average Rating: (Total Points ÷ 12) | | | |
| Comments: | | | |
| Date of Evaluation: | | | |
| Certification | | | |
| <i>I have discussed this performance evaluation with the Trainee, and certify that I have evaluated the skills objectively.</i> | | | |
| Supervisor Signature: | | | |
| <i>This performance evaluation has been discussed with me, and I certify that I have received training in the skills listed.</i> | | | |
| Trainee Signature: | | | |

WORKFORCE INVESTMENT ACT

Work Experience Worksite Orientation

Worksite: _____ Telephone Number: _____

Worksite Address: _____

Worksite Supervisor: _____ Telephone Number: _____

Alternate Supervisor: _____ Telephone Number: _____

Acknowledgement of Receipt

This is to certify that I have received, read, and understand the rules, regulations, and instructions contained in this orientation manual. I have also received a copy of the job description(s) of the participant(s) whom I will be supervising.

Worksite Supervisor Signature

Date

Alternate Supervisor Signature (if applicable)

Date

WIA Representative Signature

Date

WIA Work Experience Incident Report

Worksite Supervisor: Please complete the following information and submit to: _____

| WORKSITE INFORMATION | | | | | |
|---|--|--------------------------|--------------------|------|-------|
| Worksite: | | | | | |
| Worksite Address: | | Worksite Telephone: | | | |
| | | Days/Hours of Operation: | | | |
| Supervisor: | | | Telephone: | | |
| Alternate Supervisor (if applicable): | | | Telephone: | | |
| TRAINEE INFORMATION | | | | | |
| Trainee Name: | | | Telephone: | | |
| Trainee Address: | | City: | | Zip: | |
| INCIDENT INFORMATION | | | | | |
| Location of Incident: | | | Date: | | Time: |
| Description of Incident: | | | | | |
| Injury Sustained: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Type of Injury: | | |
| Medical Treatment Received: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Name of Physician: | | |
| Physician Address: | | | City: | | Zip: |
| COMPLETE THIS SECTION ONLY IF THE INCIDENT WAS REPORTED TO THE POLICE | | | | | |
| Police Station Name/Number: | | | | | |
| Police Station Address: | | | City: | | Zip: |
| Officer Name: | | | Telephone: | | |
| CERTIFICATION | | | | | |
| Worksite Supervisor Signature: | | | Date: | | |
| Trainee Signature: | | | Date: | | |