

**DRS/SOUTHWEST COOPERATIVE
SECONDARY TRANSITIONAL EMPLOYMENT PROGRAM
EMPLOYEE EVALUATION**

EMPLOYEE _____ SCHOOL: _____

WORK SITE: _____ EVALUATION PERIOD: _____

PERCENTAGE OF JOB PERFORMED: _____

An honest evaluation of your employee is very important. Please place a check mark by the description that best describes the employee's work.

1. QUALITY OF WORK

- Above Average: always meets or exceeds standards
- Satisfactory: meets minimal standards
- Borderline: makes mistakes but can correct them when told
- Unsatisfactory: makes mistakes and fails to correct them when told

2. SPEED OF WORK

- Above average
- Average, completes tasks on time
- Below average
- Very slow

3. USE OF WORK TIME

- Always keeps busy
- Usually keeps busy
- Frequently wastes time
- Usually wastes time

4. ABILITY TO LEARN

- Learns and retains directions with minimum instruction
- Occasionally needs review
- Needs frequent prompting/review
- Needs detailed instructions and demonstrations repeated frequently

5. INITIATIVE

- Seeks out additional work
- Willing to do more than assigned
- Adequate; does assigned work well
- Very little; needs prodding

6. ATTENDANCE

- Seldom absent or late
- Satisfactory
- Frequently late
- Frequently absent

7. ATTITUDE TOWARD CO-WORKERS

- Always very cooperative
- Usually cooperative
- Sometimes difficult to work with
- Does not get along with others

8. ATTITUDE TOWARD SUPERVISORS

- Always very cooperative
- Usually cooperative
- Occasionally difficult to work with
- Usually uncooperative, difficult to work with

9. PERSONAL APPEARANCE

- Always neat and clean
- Sometimes untidy, careless

___ Generally neat and clean

___ Always untidy

10. AUTHORITY AND CRITICISM

___ Accepts correction and always improves

___ Accepts correction, but fails to improve

___ Accepts correction and usually improves

___ Reacts negatively, unable/unwilling to recognize problem

11. SAFETY OF WORK

___ Always careful

___ Frequently careless

___ Usually careful

___ Always careless

12. OVERALL RATING

Since your employee's last evaluation, has he/she:

___ Initial Evaluation ___ Improved ___ Stayed the same ___ Became lax

THE MOST POSITIVE THING THIS EMPLOYEE DOES IS:

THIS EMPLOYEE NEEDS THE MOST HELP WITH:

COMMENTS:

Employee Signature

Date

Supervisor Signature

Date

Vocational Coordinator Signature

Date