

MONTHLY EVALUATION

TECHNICAL PROGRAM _____

Student's Name _____ Job Title _____

Employer _____ Month _____ Year _____

Quantity of Work: Use of time, tools, equipment and materials to "GET THE JOB DONE."

- Well above entry level
- Above entry level
- Average for entry level
- Needs minor improvement
- Needs major improvement

Comments: _____

Quality of Work: Works safely with concern for meeting job specifications.

- Well above entry level
- Above entry level
- Average for entry level
- Needs minor improvement
- Needs major improvement

Comments: _____

Professionalism: Personal appearance, attendance, attitude toward job, co workers, and customers.

- Well above entry level
- Above entry level
- Average for entry level
- Needs minor improvement
- Needs major improvement

Comments: _____

Student Signature

Supervisor or Employer Representative Signature