PINELLAS COUNTY SCHOOLS

CAREER AND TECHNICAL EDUCATION

WORK-BASED LEARNING EMPLOYER'S EVALUATION OF STUDENT TRAINEE

This evaluation covers the time period from _____ to _____. Please return by _____

Name of Student Trainee	Name of High School	Name of Coordinator	Name of Program

Name of Company	Student's Job Title	Name of Supervisor

DIRECTIONS: The purpose of this evaluation is to provide feedback necessary to improve the student trainee's on-the-job performance. This evaluation will be **one** factor in determining the final grade that will be recorded on the student's report card. Using the rating scale listed below, check the appropriate number to the right of the characteristic or specific competency to indicate the level of job performance.

4 = Excellent (A)	2 = Average (C)	O = Unsatisfactory (F)
3 = Better than Average (B)	1 = Poor (D)	N/A = Does not Apply

1. **Appearance:** dress appropriately for the job.	4	3	2	1	0	N/A
2. **Communication:** uses correct English writing skills, speaks clearly, listens attentively	4	3	2	1	0	N/A
3. **Attitude:** works well with others, shows enthusiasm, loyal to company, courteous to all	4	3	2	1	0	N/A
4. **Attendance and Punctuality:** times absent _____; times tardy _____	4	3	2	1	0	N/A
5. **Cooperation:** accepts responsibility, respectful to supervisors, cares for working area, avoids rash decisions, gets along with other employees	4	3	2	1	0	N/A
6. **Quality of work:** neat, accurate, follows instruction, meets work specifications	4	3	2	1	0	N/A
7. **Quantity of work:** consistent in work productivity, demonstrates initiative	4	3	2	1	0	N/A
8. **Job Knowledge:** ability to use equipment, materials, tools, etc.	4	3	2	1	0	N/A
9. **Reliability:** accepts responsibility, follows safety, security, and/or sanitary procedures	4	3	2	1	0	N/A
10. **Aptitude for Job:** ability to learn job skills, interest in learning	4	3	2	1	0	N/A

SPECIFIC TRAINING PLAN TASKS:

11. _____	4	3	2	1	0	N/A
12. _____	4	3	2	1	0	N/A
13. _____	4	3	2	1	0	N/A
14. _____	4	3	2	1	0	N/A
15. _____	4	3	2	1	0	N/A

Comments: _____

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Falsification and/or forgery of this evaluation can result in an F for the nine weeks and may result in student dismissal from the program.

Signature of Supervisor/Manager	Position	Telephone	Date

E-mail address

PCS Form 2-1974 (Rev. 9/26) White - Coordinator Yellow - Student Trainee Pink - Employer CC# 5720

Review Date 9/27