

Participant:

Work Experience Worksite Progress Report – WIOA

Date of Evaluation:

Worksite:	Supervisor:			
Please evaluate the participant in each competency area and indicate if they met the employable standard for your business. If a competency area has been met but needs improvement, please add a suggestion or comment.				
Competency Area & Description		Evaluation		
Attendance and Punctuality	Calls if late or absentConsistently arrives on time	☐ Met ☐ Not Met		
Comments:				
Cooperation Skills	 Cooperates with both supervisor and co-workers' directions and suggestions 	☐ Met ☐ Not Met		
Comments:				
Communication/Interpersonal Skills	 Seeks advice from co-workers and supervisor when needed Able to interact appropriately with co-workers and supervisor 	☐ Met ☐ Not Met		
Comments:				
Following Directions and Instructions Following Worksite Rules	 Follows directions from supervisor and co-workers Can and does follow instructions Adheres to worksite rules and regulations Properly maintains equipment 	☐ Met ☐ Not Met		
Comments:				
Time Management	 Completes all tasks in a neat, timely manner Seeks additional tasks if time permits Has the ability to prioritize when needed Can solve problems independently if needed 	☐ Met ☐ Not Met		
Comments:				
Appropriate Appearance	Dresses properly for workUses good personal hygiene	☐ Met ☐ Not Met		
Comments:				
Positive Attitude/Willingness to Work	 Is ready to work and leaves personal issues at home Maintains positive, professional attitude 	☐ Met ☐ Not Met		
Comments:				

_	In your opinion, is the employee ready for the 'world		
2.	List some important skills you feel the employee ha		
3.	Is your business willing to participate as a work exp		
 4. 	Would you consider being used as a professional re	eference for this employee?	
5. —	Additional employer comments:		
	ticipant Signature:rksite Supervisor Signature:		
	YOUTH CONTINUES TO WORK AFTER THE WORK	·	
	Title:e of Hire:	_	per hour

Form Date: 07/21/25

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information in an alternate format, or in a different language at no cost to you, please contact us at (414) 270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 711.