Work Experience Worksite Progress Report

Participant Information			
Participant Name		Date of Evaluation	
Worksite		Supervisor Name	

Progress Report

Please evaluate the participant in each competency area. 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 (Check One)	Comments
Attendance and Punctuality • Calls if late or absent • Consistently arrives on time	☐ Met ☐Not Met ☐N/A ☐Not yet evaluated	
Cooperation Skills • Cooperates with both supervisor and co-workers' directions and suggestions	☐ Met ☐Not Met ☐N/A ☐Not yet evaluated	
Communication/Interpersonal Skills • Seeks advice from co-workers and supervisor when needed • Able to interact appropriately with co-workers and supervisor	☐ Met ☐Not Met ☐N/A ☐Not yet evaluated	
Following Directions & 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 ☐N/A ☐Not yet evaluated	
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 ☐N/A ☐Not yet evaluated	
Appropriate Appearance • Dresses properly for work • Uses good personal hygiene	☐ Met ☐Not Met ☐N/A ☐Not yet evaluated	
Positive Attitude/Willingness to Work • Is ready to work and leaves personal issues at home • Maintains positive, professional attitude	☐ Met ☐Not Met ☐N/A ☐Not yet evaluated	

Please answer the following questions:
1. In your opinion, is the employee ready for the 'world of work'? Why or why not?
2. List some important skills you feel the employee has learned on the job.
3. Is your business willing to participate as a work experience worksite for future placements?
4. Would you consider being used as a professional reference for this employee?
5. Additional employer comments.

Signatures			
Participant Signature		Date	
Worksite Supervisor Signature		Date	

Continued Employment					
If the participant continues working after the work experience concludes, complete the items below or select ☐N/A					
Job Title					
Date of Hire		Wage per Hour	$	Estimated Hours per Week	

Form Date: 09/16/28