



WIOA Work Experience Worksite Progress Report

Participant: Worksite:	Date of Evaluation: Work experience dates: 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	Met	Not Met
Attendance and Punctuality Comments:	<ul style="list-style-type: none"> ▪ Calls if late or absent ▪ Consistently arrives on time 		
Cooperation Skills Comments:	<ul style="list-style-type: none"> ▪ Cooperates with both supervisor and co-workers' directions and suggestions 		
Communication/Interpersonal Skills Comments:	<ul style="list-style-type: none"> ▪ Seeks advice from co-workers and supervisor when needed ▪ Able to interact appropriately with co-workers and supervisor 		
Following Directions and Instructions Following Worksite Rules Comments:	<ul style="list-style-type: none"> ▪ Follows directions from supervisor and co-workers ▪ Can and does follow instructions ▪ Adheres to worksite rules and regulations ▪ Properly maintains equipment 		
Time Management Comments:	<ul style="list-style-type: none"> ▪ Completes all assigned 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 		
Appropriate Appearance Comments:	<ul style="list-style-type: none"> ▪ Dresses properly for work ▪ Uses good personal hygiene 		
Positive Attitude/Willingness to Work Comments:	<ul style="list-style-type: none"> ▪ Is ready to work and leaves personal issues at home ▪ Maintains positive, professional attitude 		

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:

Participant Signature: _____ Date _____

Worksite Supervisor Signature: _____ Date _____

Career Planner Signature: _____ Date _____

*** IF THE YOUTH CONTINUES TO WORK AFTER THE WORK EXPERIENCE IS COMPLETE, FILL IN THE FOLLOWING:**

Job Title: _____ Wage: _____ per hour

Date of Hire: _____ Estimated Hours Per Week: _____

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