

PARTICIPANT EVALUATION

TRANSITIONAL JOBS ACTIVITY

NAME OF PARTICIPANT:

SOCIAL SECURITY: TOWN:

SERVICE PROVIDER:

1. SENSE OF BELONGING

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

2. TEAMWORK

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

3. RESPONSIBILITY

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

4. SAFETY

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

5. FOLLOWING INSTRUCTIONS

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

6. WORK APPRECIATION

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

7. EMPOWERMENT

- 3 Excellent
- 2 Good
- 1 Fair
- 1 Poor

8. APTITUDES

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

9. INTERPERSONAL RELATIONSHIPS

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

10. COMPLIANCE WITH NORMS AND POLITICS

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

11. WOULD YOU EMPLOY THIS PERSON? Yes ___ No ___

Explain _____

12. DID THE PERSON HAD INCONVENIENCES IN THE ACTIVITY?

Yes ___ No ___

EVALUATION	SCALE
A	30@ 24 Acquired skills
B	24@ 10 Needs improvement
C	09 @ 0 Did not acquire skills

RESULTS	
Points obtained	_____
Total points	30
Results scale	

EVALUATION CERTIFICATION

Participant's Signature

Immediate Supervisor

Date

Date