

Evaluations shall be performed for each student completing a work-based learning experience. Use this form for documentation of soft skills, attendance, and projects to be completed for the YCC Grant Project ACHIEVE.

Internship Job Shadowing School Enterprise Mentoring

School:		Student Name:	
Company Name:		Contact Person:	
WBL Start Date:		WBL End Date:	

Evaluation

Scale: 1 – Poor 2 – Needs Improvement 3 – Average 4 – Good 5- Excellent

Trait	Rating	Trait	Rating
Attendance/Punctuality	1 2 3 4 5	Adaptability/Flexibility	1 2 3 4 5
Appearance	1 2 3 4 5	Relations with Co-Workers	1 2 3 4 5
Attitude	1 2 3 4 5	Time Management	1 2 3 4 5
Dependability	1 2 3 4 5	Quality of Work	1 2 3 4 5
Initiative	1 2 3 4 5	Company Rule/Regulations	1 2 3 4 5
Following Directions	1 2 3 4 5	Safety	1 2 3 4 5
Job Knowledge	1 2 3 4 5	Use of Equipment	1 2 3 4 5
Cooperation	1 2 3 4 5	Other:	1 2 3 4 5
Remarks:			

Attendance

Day	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Total HRS.
Date								
Hours Worked								
Date								
Hours Worked								
Date								
Hours Worked								
Date								
Hours Worked								

Earnings (If Applicable)

Total Hours: _____ X Hourly Wage: _____ = Total Gross Earnings: \$ _____

 Signature of Work-Site Mentor

 Signature of YCC Student