

# WIA TITLE 1B WORKSITE FINAL EVALUATION

SSN: \_\_\_\_\_ Name: \_\_\_\_\_

Worksite: \_\_\_\_\_ Date of Work Experience: \_\_\_\_\_

Successfully Completed Work Experience: Yes or No

**Work Experience Goal Information:**

Basic Skills Attainment Goal: Date Set \_\_\_\_\_ Date Attained \_\_\_\_\_

Occupational Skills Goal: Date Set \_\_\_\_\_ Date Attained \_\_\_\_\_

Work Readiness Evaluation	Above Average	Average	Below Average	Unacceptable	Skills Not Evaluated
Attendance					
Attitude					
Completion of Task					
Appearance					
Communication					
Teamwork					
Occupational Skill Evaluation	Above Average	Average	Below Average	Unacceptable	Skills Not Evaluated
Quality of Work					
Quantity of Work					
Performance of Task					
Accuracy					
Job Knowledge					

Summary and Overall Evaluation:

Worksite Supervisor: \_\_\_\_\_

Participant: \_\_\_\_\_

Case Manager: \_\_\_\_\_