Office of Vocational Rehabilitation OJT Evaluation

Please return this form to:

Employee Name _			Office of Vocational Rehabilitation
Job Title _			Staff:
Employer _			Fax:
Supervisor Phone		Email:	
Week Ending Total Hours Worked			
Vocational Counselor			
	EVALU	ATION	
Please rate the employee's work performance on the following scale:			
1 – Unacceptable 2 – Needs Improvement 3 – Average 4 – Very Good 5 – Exceptional			
Par	t I – Employment Foundations	Part	t III - Ability to Work with Others
1 2 3 4 5		1 2 3 4 5	
	Completes work in a thorough and timely manner.		Works with people in a tactful and cooperative manner.
	Produces an acceptable volume of		Demonstrates the ability to negotiate and
	work for time on the job. Processes work with organized and		compromise when appropriate. Understands the concept of conflict
	efficient methods. Reasons things out when work		management.
	complications develop. Performs several different types of	1 2 3 4 5	art IV – Personal Management
	work effectively. Comprehends and follows safety		Meets company standards of dress
	procedures and ethical practices. Understands and follows instructions.		and grooming. Shows interest and takes initiative to
		ппппп	complete work. Gives best effort to whatever task is
1 2 3 4 5	Part II –Communications		being done.
	Accepts constructive criticism and		Follows through on assignments dependably.
	suggestions. Discusses the job and refers necessary		Processes rush items willingly as they arise.
	decisions to the supervisor. Readily identifies problems or errors		Does not try to avoid undesirable work tasks.
	related to the job and reports them if appropriate.		Is conscientious regarding attendance and
	Demonstrates ability to complete necessary written work.		work breaks. Demonstrates responsibility for own actions
	nocessary writter work.		and work.
Comments		OV	ERALL PERFORMANCE
			Unacceptable
			Needs Improvement
			Average
			Very Good Exceptional
		Ц	Ελυσμιστίαι
Signature			