

Participant:

PID#

Assignment Title:

Hourly Rate: \$11.00

Name of Host Agency:

Supervisor:

Payroll Period Beginning Date:

Payroll Period Ending Date:

PARTICIPANT EVALUATION REPORT (Supervisor must complete every pay period)	***Rate: 1 to 5 (with 5 being the highest)	NOTE ANY AREA OF CONCERN OR IMPROVEMENTS. IF THERE IS NOTHING TO REPORT, LEAVE BLANK.
Attendance	5 4 3 2 1	
Punctuality	5 4 3 2 1	
Quality of Work	5 4 3 2 1	
Willingness to Work	5 4 3 2 1	
Follows Instruction	5 4 3 2 1	
Shows Initiative	5 4 3 2 1	
Accepts Correction	5 4 3 2 1	
Relationship with others	5 4 3 2 1	
Personal Appearance	5 4 3 2 1	

Supervisor Signature: _____ Date: _____