

Workforce Innovation and Opportunity Act, Title 1, Youth Program

Youth Work Experience Form

Timesheet and Evaluation

Participant Name:	Supervisor's Name:
Worksite Organization:	Supervisor's Phone:
Department	Supervisor's Fax:
Pay Period Beginning Date:	Pay Period Ending Date:

	Sat.	Sun	Mon	Tue	Wed	Thur	Fri.	Sat.	Sun	Mon	Tue	Wed	Thur	Fri
Date:														
Hours:														
Educ. GED														
Break														
	Weekly Subtotal							Weekly Subtotal:						
														2-Week Total

Performance Evaluation:

Worksite Supervisor: Please rate the participant on the following job development skills. (3 being the best) If this participant earns a low rating on one or more areas of the performance evaluation, please discuss improvement plan and enter a note, with timesheet.

		Circle one
ATTENDANCE	Is on time and meets the schedule regularly.	1 2 3
ATTITUDE	Is motivated, accepts direction and criticism.	1 2 3
DEPENDABILITY	Follows through on work assignments.	1 2 3
WILLINGNESS TO LEARN	Attempts to improve and acquire new skills.	1 2 3
APPEARANCE	Appears well groomed and dressed appropriately.	1 2 3
INTERPERSONAL RELATION	Develops rapport with coworkers, supervisors, and public.	1 2 3

NOTE:

Describe the goals you achieved and other accomplishments during pay period.

Participant Signature/Date

Worksite Supervisor Signature/Date