## **Training Performance Evaluation**

TRAINEE:			TITLE:			
I						
SITE S	UPERVISOR/Trainer: COM	PANY:	TEI	LEPHONE:	DATE OF EVALUATION:	
TRAINING OBJECTIVE FOR THIS MONTH:						
PERFORMANCE AND CONDUCT						
Knowledge of Work:				Dependability		
( )	Fails to have basic knowledge and comprehensi	on (	)	Cannot be left		
()	Meets minimum requirements expected	(	)	Requires close alone	supervision, seldom works	
()	Has the knowledge to perform satisfactory job as	ssignment (	)	Usually depend supervision	lable, requires normal	
()	Above average, well informed in field of assignm	nents (	)		ks independent of supervisor	
( )			)		ns reliable work without	
				supervision		
Qual	ality of Work		Initiative			
()	Occasionally produces accurate work	$\overline{(}$	)	Seldom works	without direction	
Ì	Average dependability and accuracy	(	)	Displays average	ge drive and Imagination	
()	Above average dependability and accuracy	(	)	Looks for and t	akes on additional tasks	
Attendance			Response to Instruction			
()	Occasionally absent/tardy without good reason		)	Reluctant but c		
()	Absent/tardy occasionally with good reason	(	)	Completes ass	ignments cooperatively	
()	Seldom absent/tardy	(	)	Outstanding eff	fort, enjoy assisting others,	
()	Consistent attendance	,	,	satisfaction in r		
Personnel Appearance			Tolerance for Constructive Criticism			
$\frac{1}{()}$	Dress and grooming acceptable for work standa		)		I, resents criticism	
()	Usually above average care of clothing and groo		ý	•	m, occasionally make efforts	
( )	,	5	'	to improve	, ,	
()	Well groomed and appropriately attired at all tim	es (	)		m well, consistently makes	
				Effort to improv	/e	
Relationship with other			Additional Concerns			
()	Tactless and/or uncooperative	-			_	
Ì	Usually works well with others					
()	Always works well with others					
、 /						
Is monthly objective met? () yes () no If no, please explain.						

Other comments

We hereby acknowledge that above evaluation has been conducted and the information contained in this report is to be used to aid in developing services appropriate to meet client's training objective.

Trainee's Signature:

Supervisor's Signature: