**2015 Youth Feedback**

Youth’s Name: Age: Last 4 digits of SSN: \_\_\_\_\_\_\_

Site: Supervisor’s Name:

1. **BEING ON TIME (check one) *Total # of Days Scheduled for Internship/Project = \_\_\_\_\_\_***

\_\_\_\_Below average: *At least once a week late to work* (late \_\_\_ times or more)

\_\_\_\_Average: *85% on time to work* (late \_\_\_ times)

\_\_\_\_Above average: *90% on time* (late \_\_\_ times)

\_\_\_\_Excellent: *100% on time to work*

1. **ATTENDANCE AT WORK (check one) *Total # of Days Scheduled for Internship/Project = \_\_\_\_\_\_***

\_\_\_\_Needs Significant Improvement: *Below 80% attendance for total days scheduled* (\_\_\_\_\_absences\*)

\_\_\_\_Needs Improvement: *80-85% attendance for total days scheduled* (\_\_\_\_\_absences\*)

\_\_\_\_Average: *86-90% attendance for total days scheduled* (\_\_\_\_\_absences\*)

\_\_\_\_Above Average/Excellent: *91-100% attendance* *for total days scheduled* (\_\_\_\_\_absences\*)

 ***\*Absences are excused or unexcused.***

1. **PERSONAL APPEARANCE** (***check one*)**

\_\_\_Often dressed inappropriately

\_\_\_Sometimes dressed inappropriately

\_\_\_Usually dressed appropriately

\_\_\_Always dressed appropriately

1. **PERSONAL HYGIENE** (***check one*)**

\_\_\_Often had poor hygiene

\_\_\_Sometimes had poor hygiene

\_\_\_Usually had good hygiene

\_\_\_Always had good hygiene

1. **SHOWS POSITIVE ATTITUDES & BEHAVIORS (*check one box for each line*)**

a. Showed initiative in carrying out work assignments Y Sometimes N

b. Willing to learn new tasks and/or new skills Y Sometimes N

c. Completed work accurately and on time Y Sometimes N

d. Used respectful language for the workplace Y Sometimes N

1. **RELATIONSHIP WITH CO-WORKERS** **(*check one box for each line*)** N/A= Situation did not apply

a. Accepted help from co-workers or supervisor Y Sometimes N N/A

b. Listened to criticism/suggestions offered by co-workers & tried to improve Y Sometimes N N/A

c. Willing to help co-workers Y Sometimes N N/A

d. Worked positively with co-workers *(e.g. positive attitude, flexibility,* Y Sometimes N N/A

 *team player, cooperative, etc.)*

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **RELATIONSHIP WITH SUPERVISOR (*check one box for each line*)**

a. Asked supervisor or co-workers for help when needed Y Sometimes N N/A

b. Listened to criticism/suggestions offered by supervisor & tried to improve Y Sometimes N N/A

c. Identified problems related to own work Y Sometimes N N/A

d. Had a positive working relationship with supervisor  Y Sometimes N N/A

 (*flexibility, team player, cooperative, etc.)*

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **JOB COMPETENCY SKILLS**
2. **Rate the youth’s ability by end of internship to perform duties outlined on internship description.**

\_\_\_ Easily able to perform duties as instructed

\_\_\_ Needed some coaching to perform duties

\_\_\_ Needed a lot of coaching to perform duties

\_\_\_ Unable to perform duties with coaching

1. **How much did youth improve?**

\_\_\_Improved A Lot \_\_\_Improved A Little \_\_\_Did Not Improve \_\_\_Strong All Along

Comments:

Youth Signature Date

Supervisor Signature Date