



**COMMUNITY SERVICE
WORK-TRAINING
ASSIGNMENT**

EXIT EVALUATION

Participant Name				Date	/	/	/
County		Date Training Started	/	/	Months in Position	#	
Work-Training Assignment Title							
Host Site Name					City		
Supervisor's Name							

CATEGORIES OF EVALUATION	LIST STRENGTHS	LIST AREAS NEEDING IMPROVEMENT
Accuracy & Completeness of Duties Performed		
Quality & Organization of Work		
Attendance & Punctuality		
Ability to Follow Directions and Accept Supervision		
Interpersonal Skills with Co-Workers and Public		
Appearance: Grooming consistent with tasks		
Overall Performance		

ACCOMPLISHMENTS &/OR GOALS: *(continue on other side as necessary)*

CONCERNS &/OR PROBLEMS: *(continue on other side as necessary)*

	/ /
SIGNATURE OF HOST AGENCY SUPERVISOR	DATE
	/ /
SIGNATURE OF PROJECT DIRECTOR	DATE

FOR OFFICE USE ONLY PROJECT DIRECTOR **PLEASE CHECK ONE:** DOL ODA
Rev. 1/1/18