**Employer Evaluation**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use first column for comments (comment 1)

| Rating scale – Mark the intern/trainee’s level  3: High performance  2: Medium performance  1: Low performance | Department: \_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_  Department Start Date:\_\_\_\_\_\_  Evaluation Date:\_\_\_\_\_\_\_\_\_  Leader met with mentor prior to evaluation | Department: \_\_\_\_\_  Department Start Date:\_\_\_\_\_\_  Evaluation Date:\_\_\_\_\_\_\_\_\_  Leader met with mentor prior to evaluation | Department: \_\_\_\_\_  Department Start Date:\_\_\_\_\_\_  Evaluation Date:\_\_\_\_\_\_\_\_\_  Leader met with mentor prior to evaluation |
| --- | --- | --- | --- |

|  | S1 | Comment 1 | S2 | Comment 2 | S3 | Comment 3 |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Work with the team | 3  2  1 |  |  |  |  |  |
| 2. Takes initiative | 3  2  1 |  |  |  |  |  |
| 3. Understands and follows directions | 3  2  1 |  |  |  |  |  |
| 4. Displays socially appropriate behavior in all aspects of job including customer service | 3  2  1 |  |  |  |  |  |
| 5. Demonstrates consistency in performance and behavior | 3  2  1 |  |  |  |  |  |
| 6. Is able to be flexible and change job duties on a moment’s notice. | 3  2  1 |  |  |  |  |  |
| 7. Demonstrates pace appropriate to department expectations | 3  2  1 |  |  |  |  |  |
| 8. Demonstrates ability to work unsupervised | 3  2  1 |  |  |  |  |  |
| 9. Routinely complies with safety requirements of the business and department | 3  2  1 |  |  |  |  |  |

SCORES: Low (1) Medium (2) High (3)

|  | Date:  Comment 1: | Date:  Comment 2: | Date:  Comment 3: |
| --- | --- | --- | --- |
| What specific skills have been learned since beginning training or since the last evaluation? |  |  |  |
| When the individual reaches the required 80% independence in job duties; would you see him/her as potential fit for hire in your department? Y/N |  |  |  |
| If no, what are the specific barriers to consider as a potential candidate for hire? |  |  |  |
| What strengths or assets foes the individual bring to your department? |  |  |  |

SCORES: Low (1) Medium (2) High (3)

Other comments:

**Signature Page**

| Evaluation Date: | Evaluation Date: | Evaluation Date: |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept. Leader  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Rep.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VR  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Intern/Trainee  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Rep. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept. Leader  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Rep.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VR  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Intern/Trainee  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Rep. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept. Leader  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Rep.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VR  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Intern/Trainee  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Rep. |