Fresno Regional Workforce Development Board Worksite Supervisor – Participant Performance Review

Participant Name	Employer Name		
Job Title	Contract #	State ID #	
Mid-Point Performance Review	Final Performance Review	Date Evaluated:	

Competency Statement: Participant demonstrates proficiency in job specific skills at a worksite by attaining a post evaluation rating of two (2) or better on each of the tasks listed below as observed and documented by the Worksite Supervisor.

Instructions for the Worksite Supervisor: Complete the Mid-Point Performance Review at or around the "mid-point" of the work experience. Complete Final Performance Review during the last week of the work experience.

Use the following criteria for rating the participant's performance:

3 = Exceeds Worksite Standards 2 = Meets Worksite Standards 1 = Improving 0 = Needs Improvement **TRAINING PLAN Evaluation** Rating **Tasks/Indicators** Primary Tasks (Mandatory) 1) 2) 3) 4) 5) 6) Secondary Tasks (Optional) 1) 2) 3) S

Mid-Point Performance Review is designed to give feedback to the participant regarding performance. The participant supervisor should discuss the mid-point performance review at or around the completion of the mid-point work experience.

Final Performance Review is designed to measure the participant's performance and skill level as a result of the work experience they have received. The Supervisor should discuss the final performance review with the participant and indicate the date that the evaluation took place.

Comments:

I certify that the above information is accurate and represents my rating of the Participant's performance and this evaluation has been discussed with me.

Participant Name	Participant's Signature	Date
We have reviewed this Evaluation	with the participant.	
Site Supervisor Name	Site Supervisor Signature	Date
Provider Staff Name	Provider Staff Signature	Date