Fresno Regional Workforce Development Board
Soft Skills Workshop Participant Evaluation

PARTICIPANT INFORMATION

PARTICIPANT NAME_____ **STATE ID#**_____

FACILITATOR NAME_____ **START DATE** _____

E = Exceeds Expectations S = Satisfactory N = Needs Improvement

Note: If any item is marked "N," the reviewer must provide a comment explaining the reason for the rating and identify a skills remediation plan.

PART I: GENERAL OBSERVATION OF PARTICIPANT		E	S	N	IDENTIFY ANY ISSUES/CONCERNS
1	Follows through on assignments.				
2	Demonstrates confidence when speaking.				
3	Uses appropriate verbal tone and professionalism.				
4	Demonstrates problem solving skills.				
5	Adapts to change and new situations.				
6	Demonstrates respectful behavior in workshop.				
7	Works effectively in a team setting.				
8	Demonstrates self-control/welcomes feedback.				
9	Applies learned skills in workshop.				
10	Actively listens and responds appropriately.				
PART II: APPEARANCE					
1	Neat and clean appearance, good posture, and eye contact.				
2	Dresses appropriately – Neat and clean.				
PART II: ATTENDANCE					
1	Consistently shows up on time for workshop.				
2	Has attended all four (4) days of workshop.				

ADDITIONAL COMMENTS

_____ _____

Facilitator Signature Date