

WORKABILITY I STUDENT EVALUATION FORM

STUDENT _____ EID# _____ D.O.B. _____

SCHOOL _____ DISTRICT NAME E.M.U.H.S.D

SPECIAL ED PROGRAM:

CBI ☐ TRANSITION ☐ ROP ☐ JOB CLUB ☐ ED ☐ GRADE _____

NAME OF WORKSITE _____

DIRECT HIRE _____

TERMINATED FROM WORKSITE _____

DATE _____

WAGE \$ _____

TOTAL HOURS WORKED _____

☐ Dropped by employer due to poor performance

☐ Quit prior to completion Reason _____

☐ Quit for valid reasons Reason _____

☐ Student placed on probation

☐ Successfully completed training

Probation Start Date: ____/____/____ Ending ____/____/____ Total days _____

PLEASE CHECK

EXCELLENT

GOOD

ACCEPTABLE

POOR

Attendance/Punctuality				
Attitude				
Appearance				
Cooperation with Others				
Work Habits				
Initiative/Responsibility				

COMMENTS _____

WORKABILITY I SUPERVISOR:

PRINT

SIGN

DATE