TTTC INTERNSHIP PROGRAM

PARTICIPANT PROGRESS EVALUATION

_____ _____

INTERN'S NAME AGENCY SUPERVISOR'S NAME

_____ _____

AGENCY JOB TITLE

5-Outstanding 4-Good 3-Average 2-Fair 1-Unsatisfactory N/A-Non-Applicable

	CIRCLE ONE					
OUALITY OF WORK_____	5	4	3	2	1	N/A
UTILIZATION OF TIME_____	5	4	3	2	1	N/A
JOB INTEREST_____	5	4	3	2	1	N/A
ABILITY TO WORK INDEPENDENTLY_____	5	4	3	2	1	N/A
FOLLOWS RULES_____	5	4	3	2	1	N/A
ATTENDANCE_____	5	4	3	2	1	N/A
PUNCTUALITY_____	5	4	3	2	1	N/A
RELATIONSHIP WITH CO-WORKERS/PUBLIC __	5	4	3	2	1	N/A
RELATIONSHIP WITH SUPERVISOR_____	5	4	3	2	1	N/A
ATTITUDE_____	5	4	3	2	1	N/A

PROBLEM AREAS: Indicate the reason(s) for evaluating participant 1 or 2

_____

_____

PLAN FOR IMPROVEMENT: For each evaluation score of 1 or 2 indicate the counseling *approach* taken to improve work performance_____

_____

Agree Disagree _____ _____

Intern Signature Date

Agree Disagree _____ _____

Agency Supervisor Date

Agree Disagree _____ _____

TTTC Program Coordinator Date

Comments from TTTC Coordinator:_____

_____

_____