Paid Work-based Learning Experience

BI-WEEKLY PERFORMANCE EVALUATION & SCHEDULE TRACKING FORM

 Please complete and submit this form to VRC *every* 2 weeks of Work-Based Learning Experience

To be used as information to discuss at Jobsville meetings

*For additional guidance click the “Review” tab, under “Tracking” use drop down and select “All Markup”*

|  |  |  |
| --- | --- | --- |
| **Employer Name:** | Employer Phone #/Ext.: | **CRP Name:** |
|       |       |       |
| **Evaluation Period FROM:** | **To:** |
|       |       |
| **Participant Name:** | Address:  |
|       |       |
| Phone #: | City/State | Zip Code:  |
|       |       |       |
|  |  |  |
| Week Ending: |       | IN | OUT | IN | OUT | TOTAL HOURS |
| Sun |       |       |        |       |       |
| Mon |       |       |       |       |       |
| Tues |       |       |       |       |       |
| Wed |       |       |       |       |       |
| Thurs |       |       |       |       |       |
| Fri |       |       |       |       |       |
| Sat |       |       |       |       |       |

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| Week Ending: |       | IN | OUT | IN | OUT | TOTAL HOURS |
| Sun |       |       |        |       |       |
| Mon |       |       |       |       |       |
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| Fri |       |       |       |       |       |
| Sat |       |       |       |       |       |

**Verify Time with Participant and Employer**

|  |  |  |
| --- | --- | --- |
| **CRP Verification** |  | **Date** |

*For additional guidance click the “Review” tab, under “Tracking” use drop down and select “All Markup”*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent:** | **Above Average:** | **Average:** | **Below Average:** | **Poor:** | **Comments:** |
| **Attendance** |[ ] [ ] [ ] [ ] [ ]        |
| **Appearance/Hygiene** |[ ] [ ] [ ] [ ] [ ]        |
| **Participation/ Initiative** |[ ] [ ] [ ] [ ] [ ]        |
| **Communication** |[ ] [ ] [ ] [ ] [ ]        |
| **Attitude** |[ ] [ ] [ ] [ ] [ ]        |
| **Job Knowledge/ Progress** |[ ] [ ] [ ] [ ] [ ]        |

**Updates for Evaluation Period**

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| --- |
| **Please describe what contact CRP has had with Participant over evaluation period. What level of support have they needed?** |
|  |
| **What are the tasks and skills that the Participant been learning over this period?**  |
|  |
|  **Are there any concerns regarding the Participant utilizing technology or other issues of concern?** |
|  |
| **Manager/Trainer Feedback if applicable:**  |  |
| **CRP Comments:**  |  |
| **CRP total hours of support:**  |  |

|  |  |  |
| --- | --- | --- |
| **CRP Verification** |  | **Date** |

[ ] -Digital Signature Agreement

|  |
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| **Please provide feedback on the usefulness of this report, complications, questions, and any other comments to help us develop this form. Thank you!** (Copy and paste into email and submit to sean.p.downing@doe.nh.gov) |
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