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 |  | |  |  |  | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Week Ending: |  | IN | OUT | IN | OUT | TOTAL HOURS |
| Sun |  |  |  |  |  |
| Mon |  |  |  |  |  |
| Tues |  |  |  |  |  |
| Wed |  |  |  |  |  |
| Thurs |  |  |  |  |  |
| 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**

|  |  |
| --- | --- |
| **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

|  |
| --- |
| **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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