

**STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES FIRST-TO-WORK PROGRAM
TIMESHEET/EVALUATION FORM**

Community Work Experience

Community Service

PARTICIPANT:

MONTH:

AGENCY:

OCCUPATIONAL TITLE:

PARTICIPANT EVALUATION

We appreciate your cooperation in carefully rating the participant's traits and skills using the criteria listed below. Please discuss this evaluation with the participant. Both the site supervisor and participant must sign at the bottom and return it to the First-to-Work Unit listed below.

RATING SCALE: *Good = 3 pts* *Average = 2 pts* *Needs Improvement = 1 pt*

Criteria	Rating	Comments
1. Acceptance of responsibility		
2. Displays initiative in his/her work		
3. Tact, courtesy, cooperation, relationships with other employees		
4. Degree of accuracy (thorough and efficient)		
5. Promptness in reporting to work and overall attendance (See below)		
6. Personal grooming and appearance		
7. Conduct and attitude (uses good judgement)		
8. Skills used on the job (job knowledge)		

ATTENDANCE: Please indicate the number of hours of work performed on the specific date.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

TOTAL HOURS FOR THE MONTH: _____

Site Supervisor's Signature

Date

Participant's Signature

Date

FTW Unit Address (stamp)
and the designated worker: