

# EMPLOYEE/TRAINEE EVALUATION FORM

## MID-POINT EVALUATION

**REPORT DATE:** [REDACTED]

***(Mid-Point of Training Hours)***

Employer: [REDACTED]	Agreement Number: [REDACTED]
Employee/Trainee: [REDACTED]	Start Date: [REDACTED]
Total Authorized Training Hours: [REDACTED]	Total Hours Worked to Date: [REDACTED]

Successful completion of this program depends upon periodic evaluations of the trainee's progress. It is critical that the trainee understand his/her strengths and weaknesses. The employer is required to complete the following rating information. By showing the trainee's abilities and limitations, you will help the program provide a better service and assist in accomplishing the objective of the program. Discuss this evaluation with the trainee as it will give him/her a better understanding of job responsibilities. This form is to be completed for each trainee at the midpoint of their training hours and sent to the local WIN Job Center.

CRITERIA	EXCELLENT	AVERAGE	NEEDS IMPROVEMENT
Acceptance of Responsibility			
Displays Initiative			
Relationship with Co-Workers			
Quality of Work			
Promptness/Attendance			
Overall Evaluation			

Comments:

We have discussed the evaluation contained on this form:

Employer: [REDACTED]

Trainee: [REDACTED]

Date: [REDACTED]

Date: [REDACTED]

- Original in Participant Folder
- Copy to WIOA/Trade Services