

# Job Training Program Evaluation Form for Assistants/Aides

**Thank you for taking the time to complete this evaluation. Your honest comments are important to us.** Date \_\_\_\_\_

Your Name \_\_\_\_\_ Student Name \_\_\_\_\_

Job Training Site \_\_\_\_\_ School Name \_\_\_\_\_

1. Please describe for us a positive experience your student had while participating in the Job Training Program. \_\_\_\_\_

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2. Please describe a positive experience *you* had while participating in the Job Training Program. \_\_\_\_\_

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3. How might the Transition Program Staff further assist you in a job training environment? \_\_\_\_\_

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