



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES (DHS)
BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION (BESSD)
EMPLOYMENT AND CHILD CARE PROGRAM OFFICE (ECCPO)
SUPPORTING EMPLOYMENT EMPOWERMENT (SEE) PROGRAM
PARTICIPANT EVALUATION FORM

PARTICIPANT NAME: _____ DATE: _____

EMPLOYER: _____ JOB 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 the participant must sign at the bottom and return it to the First-to-Work unit listed below.

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

CRITERIA:	RATING:	COMMENTS:
1. Acceptance of Responsibility		
2. Displays initiative in his/her work		
3. Shows tact, courtesy, cooperation, and relationships with other employees		
4. Degree of Accuracy (through, efficient and effective		
5. Promptness in reporting to work and overall attendance		
6. Personal grooming and appearance		
7. Workplace conduct and attitude (uses good judgment)		
8. Utilizes skills learned on the job to the best of his/her ability		

 Site Supervisor's Signature

 Date

 Participant's Signature

 Date

FTW Unit Address (stamp)
 & designated FTW case manager

Telephone #: _____

Fax#: _____

Please complete form and fax to (808) 241-3669 or mail to:

SEE Hawaii Work
 4473 Pahee Street, Ste G
 Lihue, HI 96766