



**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) 327-4763 or mail to:**

SEE Hawaii Work  
 75-5722 Hanama Place, Ste 1105  
 Kailua-Kona, HI 96740