

## **SYIP General Workplace Performance Evaluation**

intern Name:						SYIP-PY25-26			
Worksite Location:				Job Title	<b>ə</b> :				
INSTRUCTIONS:	Proficien			y Level		Rating Period			
Evaluations should be completed twice within the SYIP program (within the first 30-days of placement and within the last 30-days of placement). Employers	ory	Needs Improvement	ıry	Above Satisfactory	ıal	From	☐ First 30-day	Evalua To	ation
should evaluate the participant's performance using	Unsatisfactory	orov	Satisfactory	tisfa	Exceptional	1 10111			
the competencies listed below. Comments are		<u>E</u>	ıtisf	e Sa	cep		☐ Final 30-day Evaluation		
requested for all ratings of marginal to no proficiency. Please include feedback as to how they need to improve their work performance.	Uns	Needs	Š	Above	Û	From		То	
Competency Indicator	1	2	3	4	5		Comme	ents	
Completed tasks to the satisfaction of the supervisor(s)									
Requested further assignments upon completion of the task									
Completed assigned tasks within reasonable timeframe									
4. Followed supervisor instructions									
5. Worked with co-workers in professional manner									
Interacted with supervisor in an appropriate manner									
Attempted to resolve work related problems in professional manner									
8. Organized and prioritized tasks effectively									
9. Dressed appropriately for the job									
Demonstrated satisfactory attendance and punctuality	Yes			No					
11. Notified supervisor if late or absent									
12. Demonstrated a satisfactory and acceptable level of performance overall				[					
GENERAL COMMENTS/OBSERVATIONS:				-		1			
Signature - Summer Intern				Signature – CSP Staff					
Signature – Worksite Supervisor									

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