



SYIP General Workplace Performance Evaluation

| | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--|----|----|--|
| Intern Name: | | ID : | | SYIP-PY24-25 | | | | | |
| Worksite Location: | | Job Title: | | | | | | | |
| INSTRUCTIONS: 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 should evaluate the participant's performance using the competencies listed below. Comments are requested for all ratings of marginal to no proficiency. Please include feedback as to how they need to improve their work performance. | Proficiency Level | | | | | Rating Period | | | |
| | Unsatisfactory | Needs Improvement | Satisfactory | Above Satisfactory | Exceptional | <input type="checkbox"/> First 30-day Evaluation | | | |
| | | | | | | From | | To | |
| | | | | | | <input type="checkbox"/> Final 30-day Evaluation | | | |
| | | | | | From | | To | | |
| Competency Indicator | 1 | 2 | 3 | 4 | 5 | Comments | | | |
| 1. Completed tasks to the satisfaction of the supervisor(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 2. Requested further assignments upon completion of the task | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 3. Completed assigned tasks within reasonable timeframe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 4. Followed supervisor instructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 5. Worked with co-workers in professional manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 6. Interacted with supervisor in an appropriate manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 7. Attempted to resolve work related problems in professional manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 8. Organized and prioritized tasks effectively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 9. Dressed appropriately for the job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 10. Demonstrated satisfactory attendance and punctuality | Yes | | | No | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 11. Notified supervisor if late or absent | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 12. Demonstrated a satisfactory and acceptable level of performance overall | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| GENERAL COMMENTS/OBSERVATIONS: | | | | | | | | | |
| | | | | | | | | | |
| _____ | | | | | _____ | | | | |
| Signature - Summer Intern | | | | | Signature – CSP Staff | | | | |
| _____ | | | | | | | | | |
| Signature – Worksite Supervisor | | | | | | | | | |