Rivers East Workforce Development Board

Work Experience (WEX) Trainee Evaluation

Trainee Name: Supervisor Name:

Section 1: Evaluation

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| JOB TASKS FROM PARTICIPANT’S WORK PLAN | MIDPOINT EVALUATION OF TASKS | MIDPOINT  EVALUATION  DATE | FINAL  EVALUATION OF TASKS | FINAL  EVALUATION  DATE |
|  | Mastered objective  Satisfactory progress  Unsatisfactory progress |  | Mastered objective  Satisfactory progress  Unsatisfactory progress |  |
|  | Mastered objective  Satisfactory progress  Unsatisfactory progress |  | Mastered objective  Satisfactory progress  Unsatisfactory progress |  |
|  | Mastered objective  Satisfactory progress  Unsatisfactory progress |  | Mastered objective  Satisfactory progress  Unsatisfactory progress |  |
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|  | Mastered objective  Satisfactory progress  Unsatisfactory progress |  | Mastered objective  Satisfactory progress  Unsatisfactory progress |  |
|  | Mastered objective  Satisfactory progress  Unsatisfactory progress |  | Mastered objective  Satisfactory progress  Unsatisfactory progress |  |
|  | Mastered objective  Satisfactory progress  Unsatisfactory progress |  | Mastered objective  Satisfactory progress  Unsatisfactory progress |  |

Section 2: Authorized Signatures

*Midpoint Evaluation Final Evaluation*

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| --- | --- | --- | --- | --- |
| *I hereby certify that the above information is accurate.* | |  | *I hereby certify that the above information is accurate.* | |
| TRAINEE SIGNATURE: | DATE: |  | TRAINEE SIGNATURE: | DATE: |
| WORKSITE SUPERVISOR SIGNATURE: | DATE: |  | WORKSITE SUPERVISOR SIGNATURE: | DATE: |
| WIOA CAREER ADVISOR SIGNATURE: | DATE: |  | WIOA CAREER ADVISOR SIGNATURE: | DATE: |
| PROGRAM MANAGER SIGNATURE: | DATE: |  | PROGRAM MANAGER SIGNATURE: | DATE: |

Section 3: Comments (please explain any unsatisfactory evaluation items)

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