

**WINNACUNNET EVENING SCHOOL PROGRAM**  
**Employer Performance Evaluation**  
**Employee Credit**

Student: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Describe the student's position and responsibilities:

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Please reflect upon the student's efforts in the following areas and circle the rating which you feel most closely reflects this student's strengths and/or weaknesses:

<b>Attitude-</b>	Excellent	Good	Fair	Poor
<b>Cooperation-</b>	Excellent	Good	Fair	Poor
<b>Initiative-</b>	Excellent	Good	Fair	Poor
<b>Respectfulness-</b>	Excellent	Good	Fair	Poor
<b>Work Habits-</b>	Excellent	Good	Fair	Poor
<b>Work Quality-</b>	Excellent	Good	Fair	Poor
<b>Attendance-</b>	Excellent	Good	Fair	Poor
<b>Punctuality-</b>	Excellent	Good	Fair	Poor
<b>Reliability-</b>	Excellent	Good	Fair	Poor
<b>Appearance-</b>	Excellent	Good	Fair	Poor
<b>Decision Making-</b>	Excellent	Good	Fair	Poor
<b>Manners-</b>	Excellent	Good	Fair	Poor

Please sign this form to verify this student has worked for a minimum of 7 weeks.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Check quarter credits were received:

Q1\_\_      Q2\_\_      Q3\_\_      Q4\_\_      M\_\_