



Governor Evers Milwaukee Youth Summer Employment Program Work Experience

Pre Assessment Post Assessment

Participant Name _____ Date _____
Worksite _____ Job Title _____
Dates of Employment _____ to _____

The participant’s immediate supervisor should complete this progress review one week before completion of employment or at time of termination. Thank you for taking the time to complete this form. This form helps provide feedback to schools and the Milwaukee Area Workforce Investment Board (MAWIB) and Boys & Girls Club of Greater Milwaukee on areas to further the development of needed services.

4-Outstanding 3-Very Good 2-Satisfactory 1-Needs Improvement NA- Not Applicable

Learning Skills

Awareness of skills required for the job	4	3	2	1	NA
Knowledge of job responsibilities/duties	4	3	2	1	NA
Dependability on job	4	3	2	1	NA

Thinking Skills

Communicates effectively with staff/team	4	3	2	1	NA
Develops problem solving skills	4	3	2	1	NA
Works well with others at the job site	4	3	2	1	NA

Communicating Effectively

Shows effective social skills	4	3	2	1	NA
Shows responsibility at the job	4	3	2	1	NA
Shows self-management	4	3	2	1	NA
Listens to all tasks assigned	4	3	2	1	NA

Effectively Working

Follows instruction	4	3	2	1	NA
Works as a team member	4	3	2	1	NA
Serves client/customer	4	3	2	1	NA

Overall Work Habits

Punctuality	4	3	2	1	NA
Professional Appearance	4	3	2	1	NA
Professional Conduct/Attitude	4	3	2	1	NA

Additional Comments:

Participant Signature _____ Date: _____
Supervisor Signature _____ Date: _____

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